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DETROIT MEDICAL JOURNAL

The Practitioner's Monthly

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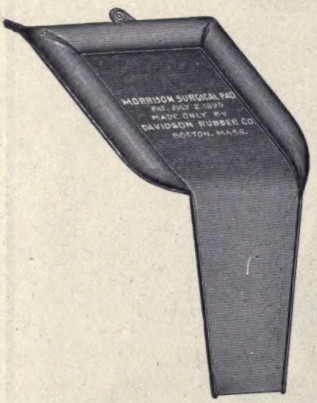

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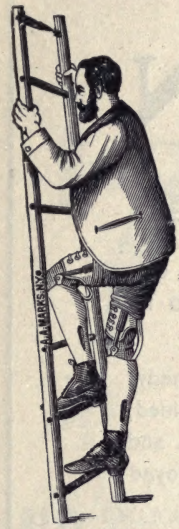

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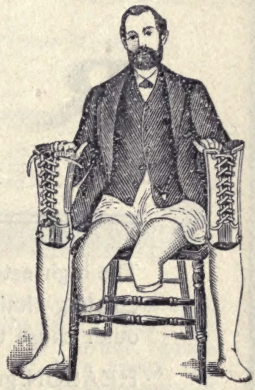

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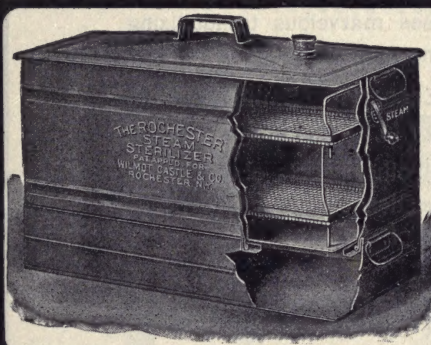

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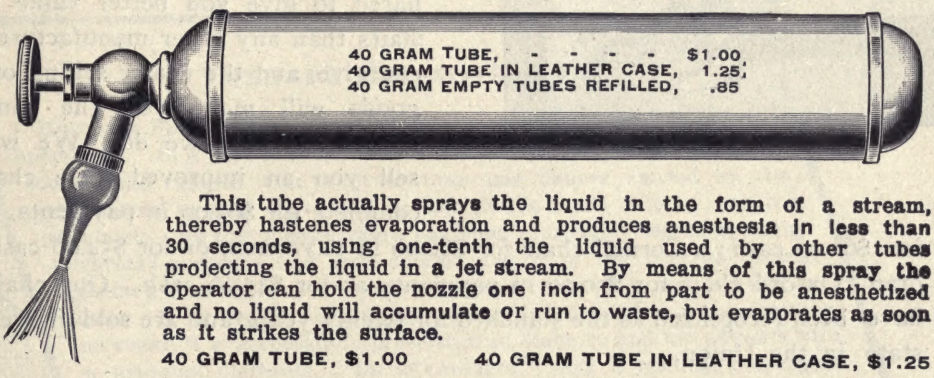

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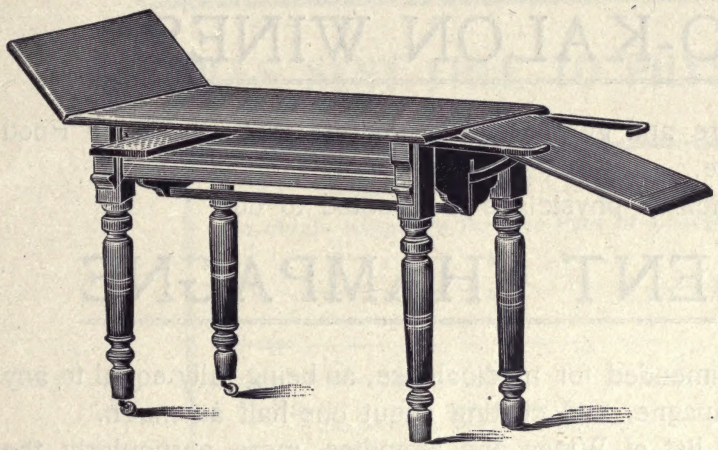

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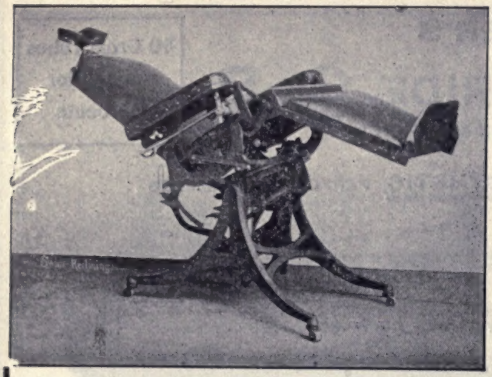

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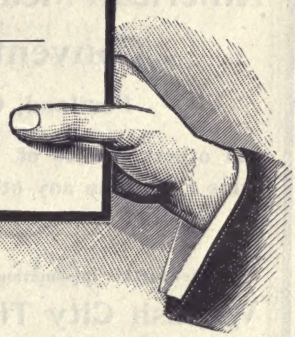

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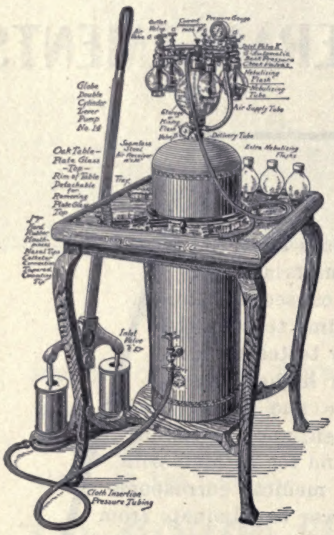

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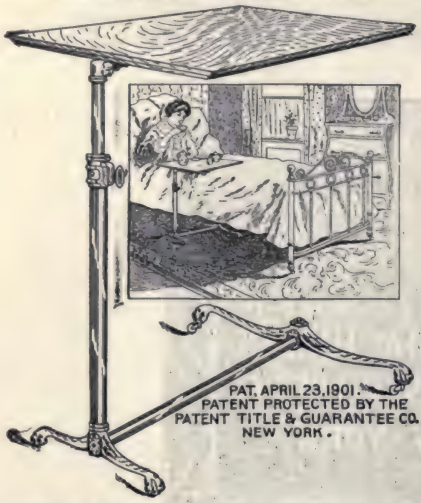

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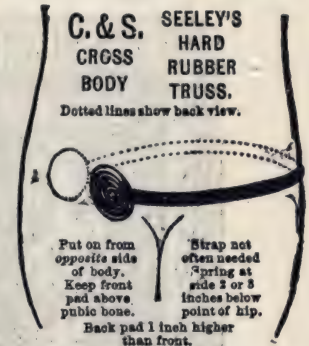
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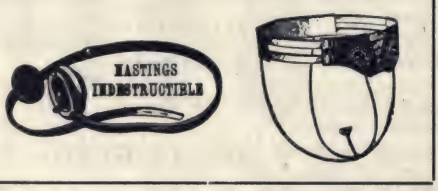

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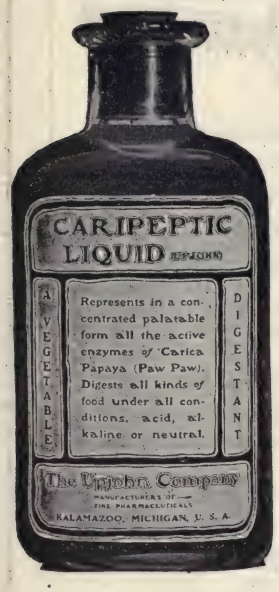
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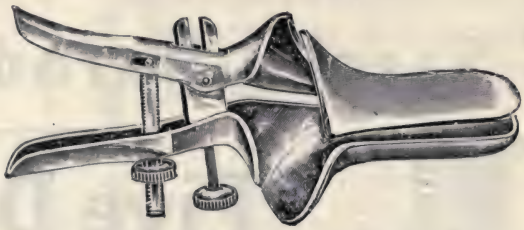

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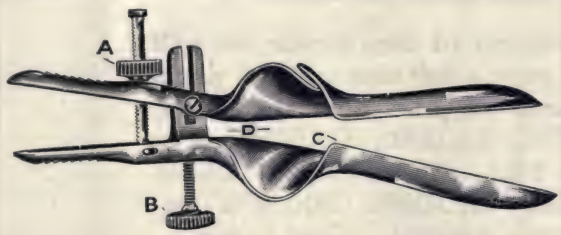

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THE DETROIT MEDICAL JOURNAL.

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RECIPIENTS OF THE NOBEL PRIZE IN PHYSIOLOGY AND MEDICINE.

(At the suggestion of the chairman of the Section of Internal Medicine of the Wayne County Medical Society, the evening of May 8th, 1905, was devoted by the Program Committee to a consideration of the achievements of the recipients of the Nobel prize in physiology and medicine. The program consisted of an introductory statement by the chairman, Dr. Sherrill, and papers by Drs. Kiefer, Mann, Varney and Safford. There followed a discussion participated in by Drs. McClintock, Delos Parker, Hickey and Wagner. The papers contain information of decided interest not readily obtained and we take pleasure in giving them to Detroit Medical Journal readers.—Ed.)

ALFRED BERNARD NOBEL.

By EDWIN S. SHERRILL, M. D.
Detroit.

I would like to make it possible for each one of you, from the information I shall give to answer the following questions:

1. Who was the founder of the Nobel prizes, and what was his career?
2. What prompted him to found the prizes?
3. What provision did he make for the prizes?
4. How are the prizes awarded?

Alfred Bernard Nobel was born at Stockholm, Sweden, Oct. 21, 1833. He was the third son of Emmanuel Nobel, who was a manufacturer of explosives. At the age of 17 he was sent to the United States to study under the famous engineer John Ericsson (of Monitor fame). On reaching his 21st year he returned to his home at St. Petersburg where his father had gone because of the objection of his neighbors to his noisy and damaging experiments and in order to prepare mines and torpedoes for the Russian government during the Crimean war. Nobel is said to have become trained as an engineer; to speak fluently Swedish, Russian, English, German and French. He took up the study of chemistry and became proficient in the technical application of the science. He was constantly engaged with his father in pursuing some invention. Among other substances nitroglycerin especially occupied their attention. Some time after the close of the Crimean war, the family returned to Stockholm and in 1862 the father and sons had erected a plant at Helenborg where nitroglycerin was manufactured on a commercial scale for the first time. In 1864 these works were destroyed by an explosion which killed several persons, including the younger brother, Oscar Nobel. The calamity so affected Nobel's father that he became paralytic. Alfred Nobel immediately erected new works on a barge in Lake Mälaren, and in 1865 enlisted capital for works on a large scale in Sweden and Germany. So many accidents occurred with nitroglycerin that the transportation of it was interdicted. Now came the discovery of dynamite. It was in Hamburg, where he had set up a small factory that some powder trickled out

of one of his nitroglycerin casks upon the damp earth and became spoiled. However, when the moisture had evaporated Nobel found that one part of this earth mixed with three parts of nitroglycerin not only increased its explosive powder, but rendered it comparatively safe for handling. With this discovery in the latter part of 1866, began his enormous success. Before long he was directly at the head of three factories in America, three in France, and one in Sweden. In 1871, at Ardeer, Scotland, he erected the works which are now the largest dynamite works in the world.

Incidentally it may be suggested that there is very good reason for the recognition of American genius in the awarding of prizes since we have contributed largely to the Nobel fortune. In 1900, 42,923 tons of dynamite were manufactured in this country alone, representing a valuation of not less than $8,000,000.

In 1875 Nobel invented explosive gelatine and the gelatine dynamites. In 1880 he invented ballistite. He was interested in many other arts than that of explosives, having taken out in England alone 129 patents. In 1878, with his brothers Ludwig and Robert, he formed the famous firm of Nobel Brothers that operated the petroleum wells at Baku, Russia, and has proved the most active competitor of the Standard Oil Co. He purchased the large ordinance works at Bofors, Sweden, that he might the more readily carry out his inventions in ordinance and his investigations in metallurgy.

When he had attained great fortune he went to Paris with the idea of having a sort of salon. Bridgman says he himself was a person to have graced such an institution. His manners were of the most distinguished courtesy, his mind original and his experiences interesting. In spite of his genius for physical science he was by no means a one-sided man. He devoted himself largely to what he called ideal literature, of which poetry formed the greater part. Stead refers to him as the "pious founder."

Nobel learned the estimate put upon him by the French at the time his brother Robert died. Many French journalists thought Alfred Nobel had passed away and wrote his obituary notices on that assumption. He then left Paris and went to San Remo where he built a beautiful home in which he died December 10th, 1896. (Munroe).

Nobel left a fortune of over nine million of dollars, and in his will, after leaving small legacies to his already wealthy relatives, directed that the residue should constitute a fund, the interest from which should be divided into five equal amounts and awarded as prizes. Each prize amounts to about $40,000. The will was contested by heirs but a compromise was effected on condition that a portion of the property be devoted to the founding of institutions for research known as Nobel Institutes, which has been done.

Nobel makes a memorable statement explaining why he left his wealth to public purposes. "Experience has taught me," he said, "that great fortunes acquired by inheritance never bring happiness; they tend to dull one's powers. Any man possessing a large fortune ought not to leave more than a small part of it to his heirs, not even to his direct heirs

—just enough to enable them to make their way in the world. It is injustice to leave them a great sum of money which they themselves have not deserved, which favors idleness and prevents the matural development of the faculty of personal initiation which is in us—the tendency to create an independent position for oneself."

In the following terms he indicated to his executors his wishes with reference to the prizes. (1) One to go to the man who shall have made the most important discovery or invention in the domain of psysical science; (2) Another to go to the man who shall have made the most important discovery or introduced the greatest improvement in chemistry; (3) the third to the author of the most important discovery in the domain of physiology or medicine; (4) the fourth to the man who shall have produced the most remarkable literary work of an idealistic nature; (5) and finally the fifth to the person who has done most or labored best for the cause of fraternity among different peoples, for the suppression or reduction of standing armies, or for the promotion of peace congresses."

Four of the prizes are passed upon at Stockholm, the first four mentioned above, but, the peace prize is passed upon at Christiana, Norway.

In awarding prizes there is the work of nominators and the work of judges. For the four prizes awarded at Stockholm nominations of candidates may be made by

(a) The Swedish Academy.
(b) Members resident or foreign of the Royal Academy of Sciences of Sweden.
(c) Members of the Swedish Nobel committees.
(d) Professors in the various universities of Norway and Sweden.
(e) Professors in foreign universities who may be named therefor by the Swedish Academy.
(f) Distinguished men to whom the Academy may think good to send an invitation to suggest a nomination. The nominations with the writings of the persons nominated must be delivered to the Swedish Academy by Feb. 1st.

For the peace prize awarded at Christiana the nominators of candidates are:

(1) Members of the Norwegian Nobel committee.
(2) Members of the legislative assemblies and governments of the various states of the world.
(3) Members of the Commission of the Permanent International Buread of Peace.
(4) Members and associates of the International Institute of Law, and
(5) University professors of law, of political science, of history and philosophy.

Proposals for this prize must be sent to the Norwegian Nobel committee, Christiana, not later than April 1st.

In physics and chemistry the selecting body is a pair of Nobel committees of four persons named by the Swedish Academy of Sciences. In medicine the arrangement is similar, the Royal Caroline Institute, of

Stockholm, being the leading body in the choice of a Nobel committee in medicine. In literature the procedure is analagous, the Swedish Academy taking the lead, but with the co-operation of the French Academy and other literary academies of Europe. The Norwegian Storthung or Parliament nominates the committee of five which adjudicates the peace prize.

The awards are announced at Stockholm at 7 p. m., Dec. 10th, of each year, the anniversary of Nobel's death. It is expected that the prize winner, within six months, will lecture upon the subject for which the prize was awarded at Stockholm or, in the case of the peace prize, at Christiana.

It is not necessary here to give the recipients of the prizes other than in medicine. The four awards have been made in the order given on our society program.

1901—Emil A. Behring.
1902—Ronald Ross.
1903—Neils R. Finsen.
1904—John P. Pawlow.

With this introduction I trust there will be increased interest in the papers of the evening. Permit me to suggest that somehow it should be made possible for American talent to be brought more satisfactorily to the notice of the judges of these prizes.

EMIL ADOLPH BEHRING.

By GUY L. KIEFER, M. D.
Detroit.

Emil Adolph Behring was born in 1854, at Hansdorf, in Prussia. He is the son of a teacher in Haaswalde, near Eglau. He stduied medicine at Berlin, and in 1880 became an army surgeon. In 1894 he was appointed to a professorship at the University of Halle and in the following year was called to be director of the Hygienic Institute at Marburg.

Behring is credited with being the discoverer of diphtheria antitoxin, and attained a great reputation by that achievement and by his contributions to the subject of immunity.

Ferran, of Barcelona, Spain, (Boston Medical and Surgical Journal, January 24, 1895, page 94), claimed to have been the discoverer of a practical and safe method of immunizing animals against fatal doses of diphtheria toxin. His claim was adjudged just by Karl Fraenkel. Prof. V. Babes, of Buda-Pesth, who also claimed to have made the discovery, inasmuch as he had established the same principle concerning hydrophobia in 1889, admits that to Behring belongs the credit of applying the principle to diphtheria.

Efforts to attain immunity have been made by many investigators during a long period of years, dating back to the time of Jenner and the first successful vaccination. The discovery of serums containing antitoxin is but a natural consequence of the older discoveries. Loeffler cultivated the bacillus that bears his name in 1883. He was followed by

Roux and Yersin whose classic monograph threw a flood of light upon the subject.

In 1890, Behring and Kitasato demonstrated the presence of antitoxic proteids in the blood and serum of rabbits vaccinated against tetanus. They found that this serum had the power of destroying, during life, the toxin of tetanus. This, the first communication of Doctors Behring and Kitasato on the immunizing power of the blood serum of artificially immunized animals, was published in the Deutsche Medizinische Wochenschrift, No. 49, 1890.

In 1891, Brieger and Fraenkel began the special study of the toxin. Wasserman and Proskauer apparently isolated it in 1892, but his investigations on diphtheria in 1891, and this was the real beginning of the so-called "system of blood serum therapeutics." Ernst, of Boston, says (Boston Medical and Surgical Journal, September 5, 1895), "his enthusiastic work, together with that of Wernicke, Aronson, Ehrlich, Kossel, Wasserman and Roux, have led us through the slow and dangerous immunizing of the lower animals, by means of the cultures and toxins of the bacillus of diphtheria, to the rapid and safe immunity following the use of the antitoxin contained in the serum of immune animals."

In 1893 the Koch Institute for Infectious Diseases issued a report on the diphtheria serum of Behring favorable to the conclusion that in it we possessed a specific for that disease. This serum was derived from diphtheria-immune sheep, and was under government control for a time. In 1894, the well known newspaper, the Figaro, inquired of Prof. Behring what part Loeffler, Roux and Behring had taken in the discovery of the curative serum. Behring replied, in a letter dated at Halle, October 26th:

"Prof. Loeffler is the discoverer of the diphtheria bacillus, and he was the first to publish correct views respecting the nature of the diphtheritic poison. Dr. Roux was the first to stuly the diphtheritic poison with greater precision. Without the discovery of the diphtheria bacillus and of the diphtheritic poison the diphtheria curative serum would not have been invented. To this extent Loeffler and Roux have performed a material part in the elaboration of the new agent." Neither Loeffler nor Roux has ever claimed any share of the credit for discovering the curative serum. The latter has been successful in producing the curative serum after acquiring familiarity with the German reports.

Behring's discovery in thus described by W. F. Robie (Boston Medical and Surgical Journal, September 5, 1895, page 240): "While I was in the medical school I learned that he had isolated two albumenoid substances from cultures of the Klebs-Loeffler bacillus; and that he had found that ordinary cultures of the diphtheria bacillus heated to 60 or 70 degrees Fahrenheit and then injected beneath the skin of animals had the power of conferring immunity; and that he had also found that the addition of iodine trichloride to old cultures of the bacillus also gave immunity when they were injected subcutaneously.

"If he had stopped here, we should have had for diphtheria a remedy analagous to tuberculin for tuberculosis; but he went one step further. He injected subcutaneously the poison or toxin, made from cultures of

diphtheria bacilli, into various animals. Large quantities at first would kill the animals, but small quantities repeated from time to time would be borne, and after a time the animal became accustomed to the poison and larger doses could be used. This was kept up for months. Then the blood was taken and the serum was injected into animals suffering in varying degrees from the diphtheritic poison or into animals exposed to the poison. He found that animals which had received injections of this blood serum in sufficient quantities would not develop diphtheria, under any circumstances, for some time after the injections. This immunity would always be temporary, but would last from several days to several weeks, according to the amount of serum injected."

In 1897 Behring announcel that he had improved his serum (Fortschritte der Medicin) so that ill effects would be avoided. The strength of the serum reckoned in antitoxic units was increased, so that only a small quantity of serum was now needed to produce immunity. The effect was to reduce the complications, such as urticaria, joint pains and other ill effects of the injection of horse serum.

In 1894 an application was made for a patent in England for antitoxin, by a Frenchman, according to the British Medical Journal, December 22, 1894. A patent for diphtheria antitoxin was granted to Behring, in this country, in 1898. In 1894, British makers began to supply diphtheria antitoxin. About this time Behring and Virchow engaged in a controversy, evidently the outcome of mutual misunderstandings, in which Virchow explained that he had used Aronson's (Schering's) serum, but had had no experience with Behring's. He recommended that a comparative test of the two serums be made.

The Nobel Prize in Medicine was awarded to Prof. Behring, of Marburg, in December, 1901. The amount was 208,000 francs. The patent of nobility was also conferred upon him the same year by the German emperor. (*To be Continuea*)

ETIOLOGY OF DIABETES.*

By SPENCER C. DICKERSON, B. S., M. D.,
New Bedford, Mass.

To the physiologist carbohydrate metabolism has always offered a most interesting field for observation and experimentation; and the problems associated with the causation of sugar assimilation by the tissues has given a wide opportunity for speculation and theoretical deductions. But to the clinician and pathologist the most interesting phase of carbohydrate metabolism is associated with the inability of the tissues to utilize all the sugar brought to them, producing as you know glycosuria and diabetes. The purpose of this paper is to point out some of the causes underlying morbid carbohydrate metabolism.

There are certain causes which can be referred to briefly as predisposing, for example, age, sex, race, social conditions and heredity. It is a well known fact that diabetes occurs more frequently after the fifth

*Read before the New Bedford Medical Society, June 27, 1904.

decade, and that it is more rare in children, but when it does occur, the diabetes is of a very malignant type. Clinicians have generally observed that glycosuria occurs more frequently in males than females, the proportion being three to two. In the Negro, however, there is an exception, the females are more frequently affected than the males. In my six cases, five were females and only one male.

The disease affects the upper stratum of humanity more than the lower stratum. According to the statistics of Von Noorden for London and Berlin the number of cases in the upper ten thousand exceed exceeds that in the lower hundred thousand inhabitants. The Hebrew race very frequently suffer with diabetes. One-fourth of Frerich's cases were Jews. While on the other hand, it is very rare in the Negro race. Heredity is given as a causative factor in so many of the constitutional diseases, it is not surprising that it is supposed to play a very important role in diabetes. Gout, tuberculosis and other diathetic disorders are mentioned as contributory factors in heredity.

The French claim that ten per cent. of diabetics have family history of these diseases. Seeger, 14 per cent., Bonchard, 25 per cent. Schmitz reports 600 cases with history of heredity in 248; Sir William Roberts reports a family of eight children all diabetic. In my six cases no history of diabetes, so far as the patients knew, occurred in the family. Several had a neurotic family history, and tuberculosis was in the family history of two of my cases.

Claude Bernard demonstrated first that glycosuria could be produced by a puncture in the floor of the fourth ventricle. Bernard's diabetic centre is either very close to or identical with the vaso-motor centre, and the production of sugar in the urine is supposed to be caused by the transforming of the glycogen in the liver, as sugar fails to appear if the liver is devoid of glycogen. Many theories are advanced to show how the stimulation of the diabetic centre produces glycosuria. First, by a disturbance of the circulation in the hepatic artery, causing a disturbance in the liver metabolism. Second, by direct influence of the nerves on the hepatic cells. Third, by stimulation of the vaso-motor centre, since other stimulation of the vaso-motors, the sciatic, central end of vagus, the depressor nerves, produce glycosuria. It is claimed that the glycemia results from the diminution in the oxygen of the blood in the hepatic artery causing a stimulation of the liver cells.

By the administration of phloridzin sugar appears in the urine. This is accounted for on the grounds that phloridzin causes an increased permeability to sugar of the renal epithelium. Still recent investigations do not confirm this view. On the contrary they indicate that diabetes from the administration of phloridzin is the result of an exaggerated catabolic condition of the kidneys. Levene and Stockey, investigating the action of phloridzin in Bright's disease, found that glycosuria was either absent or very much diminished by the administration of phloridzin in animals in which the kidneys were injured. They also found in acute parenchymatous nephritis that sugar failed to appear in the urine after the administration of phloridzin.

O. Loewi, in studying the functions of the kidneys, has thrown considerable light on renal diabetes. He claims that crystaloid substances in free solution are rapidly excreted by the kidneys, but they do not excrete crystaloids which come to them in colloidal combination. He contends that the sugar on entering the blood under-goes colloidal combination, and hence in this form cannot pass the kidneys, but if an excessive amount of sugar enters the blood, the combining substances cannot be provided for in sufficient amount, therefore, a certain proportion of the sugar is in free solution and is therefore quickly excreted by the kidneys.

On this theory, diabetes after pancreas extirpation, and other forms of glycosuria, except phloridzin diabetes, are the result of a hyper-glycemia. In phloridzin diabetes, the kidneys have the power of breaking up this colloidal combination producing, as it were, renal diabetes.

Certain toxic conditions may be accomplished with glycosuria, as for example, poisoning by acids, mercury, uranium, and thyroidin. Moreover, the injection of a large quantity of normal salt solution, or the production of diuresis by the administration of caffeine is frequently associated with appearance of sugar in the urine. Ott and Harris, by the subcutaneous injection of gr xv of iodothyrin in rabbits for thirty days produced glycosuria in some.

Tumors of the medulla, lesions of the cord, and other nervous conditions are sometimes associated with diabetes. Osler claims that it is due to vaso-motor paralysis, and on this view diabetes would be a neurosis. Osler cites a case in which a woman had anomalous cerebral symptoms and diabetes. At autopsy a cystercercus was in the floor of the fourth ventricle. Transient glycosuria may be associated with apoplexy, paretic dementia, shock, epilepsy, and injuries to the head and spine.

Many observers have noticed the co-existence of diabetes and diseases of the liver, particularly hepatic cirrhosis. In 280 cases of diabetes, 29 were associated with cirrhosis of the liver. Opie reports two cases of diabetes with atrophic cirrhosis, which at autopsy showed an interstitial pancreatitis of the interacinar type. In eleven of the twelve cases of hepatic cirrhosis reported by Steinhaus, associated interstitial pancreatitis was present. Some observers have attributed the diabetes coexisting with hepatic cirrhosis to an anastamosis of the portal with the general circulation permitting the sugar to pass directly into the general circulation. But according to the pathological investigations of Fitz, Opie, Meinkowski and others, it has been demonstrated that in most of the cases in which diabetes co-exists with hepatic cirrhosis, an interstitial pancreatitis is present.

Just in what way the ductless glands influence carbohydrate assimilation is not yet known. If the thyroid gland of animals be removed, and the animals are exposed to a low temperature, besides cardiac palpitation, giddiness and an increase in the pulse rate, glycosuria occurs. Beltmann has produced alimentary glycosuria by thyroid feeding. Two cases of myxedema complicated with diabetes in children reported by Alfred Gordon, show a close connection of sugar metabolism to disease

of the thyroid. On the administration of thyroid extract in these cases not only myxedema disappeared, but the diabetes cleared up, and that, too, before the disappearance of all the symptoms of myxedema. Gordon claims a perfect cure of both conditions.

Blum found, that the suprarenals contain a substance capable of producing glycosuria. In animals on a diet free from carbohydrates and allowing sufficient time to elapse for the glycogen to disappear from the liver, he produced glycosuria by the administration of suprarenal. The experiments of Dr. Herter throws considerable light on the relationship of the adrenals to sugar assimilation. He caused temporary glycosuria in dogs which lasted several days, by painting the pancreas with adrenalin chloride. When oxidized the adrenalin chloride was no longer capable of producing the same action. He demonstrated that a number of other substances which in general may be termed reducing agents when applied to the surface of the pancreas produced glycosuria. Therefore it is barely possible that the adrenals secrete a substance which in excess may neutralize the oxidizing power of the pancreatic enzyme, which enables the tissues to utilize the sugar.

Thomas Cawley, as early as 1788, observed in his clinical work the intimate association of diabetes mellitus to grave disease of the pancreas. Not until the brilliant experiments of Menkowski and Von Mehring, in 1889, by extirpating the pancreas in dogs was the true relationship of the pancreas to carbohydrate metabolism shown. By the extirpation of the pancreas in dogs they were able to produce glycosuria in all respects comparable to natural diabetes in man. The further observation was made, that if a part of the pancreas remain, or if the pancreas from another dog was transplanted, diabetes failed to occur. The subsequent clinical observations and pathological investigations confirm the experiments of Menkowski in showing the close relation of the pancreas to sugar assimilation. In view of these discoveries, the natural course was to find out what elements of the pancreas were absent or affected in diseases of pancreas associated with morbid carbohydrate metabolism and to determine in just what way the pancreatic elements affected the tissue metabolism of the sugar. In diseases of the pancreas in which diabetes occurs, Fitz has shown that in common with the interstitial inflamation there exists a corresponding destruction of the parenchyma of the gland. Opie and others have almost conclusively proved that the part of the gland involved in the islands of Langerhans. These are small round bodies with no communication with the pancreatic ducts, but they are in intimate contact with the capillaries, therefore, they are accredited with an internal secretion the nature of an enzyme, which passes into the blood enabling the tissues to assimilate the sugars.

Opie has investigated the elements of the pancreas chiefly affected in diabetes, and finds that in the interacinar type of pancreatitis, the islands of Langerhans mainly suffer, whereas in the inter-lobular form of pancreatitis these bodies are spared, and that diabetes seldom occurs. In seven out of nine cases of the interacinar pancreatitis diabetes was pres-

ent, and only one case of diabetes occurred in twenty cases of the interlobular type.

Sugar metabolism is so complex, and the variety of factors influencing it is so varied that it is not surprising that many theories have been advanced to explain how the tissues are unable to assimilate all of the sugar brought to them.

Lepine regards diabetes, especially pancreatic, as the result of deficient glycolysis. Moreover, he maintains that the splitting of the sugar takes place through the influence of a glycolytic ferment in the blood, and that this enzyme is furnished to the blood by the internal secretion of the pancreas. Croftan comes to the same conclusion concerning the pathogenesis of diabetes. He maintains that deficient glycolysis in diabetics results from a deficiency of the glycolytic ferments of the blood which destroys the sugar. The glycolytic ferment is not contained in the serum but in the leucocytes. Spitzer, Kraus and Minkowski, by making a number of experiments failed to confirm Lepene's conclusion. They found that diabetic blood possessed as much glycolytic power as normal blood.

Achard and Weil admit that there is diminished glycolysis in diabetes, but they attribute it to a weakening of the functions of the body in general, which condition permits the rapid appearance of sugar in the kidneys. Bendix and Bickel while they agree that the blood possesses glycolytic power, assert that this glycolysis is not due to a specific glycolytic enzyme, but to the alkalescence of the blood. They showed that a pure soda solution had the power of decomposing sugar.

Lepine and Gans state there is a decrease in the alkalinity of the blood in diabetes, and that the therapeutic benefit of the alkalies results from the re-establishment of the normal alkalescence of the blood. We had occasion to mention Loewi's theory in connection with phloridzin diabetes. You recall that he claims that the sugar on entering the blood unites with some substance forming a colloidal combination, in which form it cannot be execreted by the kidneys. If his explanation be correct it seems to me, that in all cases of Bright's disease there should be a concomitant glycosuria since albumen is a typical colloidal substance.

When it was plain that diseases of pancreas was the chief causative factor in the production of diabetes, clinicians, remembering the salutary effect of tyroid extract in diseases of the thyroid, especially myxedema, supposed that pancreatic extract would have a similar influence in diabetes. A number of trials have proved the inefficiency of this therapeutic agent, and hence there must be some other factor besides that of the pancreatic secretion necessary for carbohydrate assimilation.

Recently Otte Conheim's experiments have thrown much light on the pathogenesis of diabetes. He claims that sugar is decomposed in large quantities in the muscles presumably by the action of an enzyme. There is, however, no ferment of note-worthy action which can be extracted from the muscles. He took frozen muscles and subjected them to a pressure of 300 atmos. The fluid thus produced did not cause decomposition of grape sugar. When he mixed it with pancreatic fluid

similarly obtained, grape sugar was decomposed rapidly. Neither ferment possesses any appreciable glycolytic power, but in combination they enable the tissues to decompose and assimilate sugar. Therefore, the pancreas furnishes the blood a ferment, which is acted upon by a ferment in the muscles, making them capable of sugar assimilation.

The preliminary report of A. C. Croftan, concerning the reduction of diabetic glycosuria by the administration of pancreas hemoglobin muscle extract, seems to be a therapeutic support of Cohnheim's theory. Croftan administered this extract in six cases of diabetes which were followed by a marked reduction in sugar excretion in twenty-four hours.

Now, gentlemen, I have attempted in this brief summary of the etiological factors of diabetes to give you the most recent and the most salient facts regarding the fundamental basis of morbid carbohydrate metabolism. I cannot speak with authority either from a large clinical experience, or from an extended experimental investigation, still, to my mind, the pathogenesis of sugar assimilation is at the present time a problem whose solution awaits further experimental investigation.

A CASE OF DIABETES INSIPIDUS.*

M. A. FECHHEIMER, M. D.,
Detroit, Mich.

Mr. A. S. M., aged 19 years, consulted me February 1st, 1905, for the relief of an intense thirst and continuous passages of enormous quantities of urine. This trouble, as near as can be determined, began about one year ago. The onset was very gradual, with increasing symptoms. Shortly thereafter the patient would be compelled to arise at night to urinate. These symptoms increased in severity until the present time, when the frequency of micturition is every one to two hours, and the quantity at each interval is one to two pints. During the night he is now compelled to arise from two to five times and voids at leastone and one-half pints each time. During a course of fifteen or more observations, extending from February 1st to March 18th, this young man passed from fourteen pints, the lowest to twenty-two pints, the highest, during twenty-four hours, the average being twenty pints.

Careful microscopic and chemical examinations of the urine revealed nothing pathologic. The specific gravity varied from 1.001 to 1.005; reaction slightly acid, absence of albumen and sugar. Its appearance very closely resembled water.

In this young man's case there was no history of traumatism. He had diphtheria at the age of five or six, and an attack of measles in December, 1903. He had no other diseases common to childhood. The young man has been afflicted with stammering all his life, but is otherwise of average intelligence. He has never been addicted to the use of alcohol in any form. He has never had any venereal disease, and in fact, his mode of life has been all that could be desired. His mother died at the age of 55 or 60, the cause of which is unknown. His father, aged 75, is living and well. Two sisters, aged 25 and 30, and two brothers,

*Read before the Wayne County Medical Society, April 17th, 1905.

aged 23 and 27, are living and well. The family history is otherwise uncertain.

In appearance the patient appears to be well nourished and is of average height and weight. In spite of this tremendous diuresis he says that he probably gained in weight during this last year about ten pounds. A thorough examination of the chest and abdomen was negative as to any pathologic finding. There is no hypertrophy of the left ventricle of the heart and there is no accentuation of its second sound. The quality of the pulse is normal in all respects. There is no enlargement of the kidneys nor of other abdominal organs.

In regard to treatment, drugs seemed to be of little or no value. Bromide of soda with the elixir of valerianate of ammonia, the solution of the bromide of gold and arsenic in increasing doses to twenty-eight drops three times daily, were tried without avail. Adrenalin, beginning with ten drops (placed in the sub-lingual space and allowed to be absorbed from there) and increasing to thirty drops three times daily, gave negative results. His diet and the quantity of fluid which was taken, was not restricted. His chief idea in taking medicine was to overcome this excessive diuresis and intense thirst, as it seriously interfered with his daily vocation.

In reviewing some of the literature on this interesting condition, one's attention is immediately drawn to the comparative rarity of this disease. Osler in his "Practice of Medicine," mentions that out of a total of 239,000 patients treated at Johns Hopkins Hospital and Dispensary, there were but three cases of diabetes insipidus.

There is much uncertainty in regard to the etiology. Diseases of the nervous system, tumors of the brain, sunstroke, cerebro-spinal fever, traumatism of the head, fright, syphilis, etc., have been mentioned. Bernard's discovery, the puncture oi the floor of the fourth ventricle above the diabetic center, which resulted in an increased secretion of non-saccharine urine may account for certain cases where history records cerebral diseases or traumatism of the head. Irritation of the sympathetic ganglia of the abdomen local irritation attending the presence of abdominal tumors, aneurism, etc., may cause a train of symptoms resembling diabetes insipidus, but these are undoubtedly cases of simple diuresis or polyuria and should not be classified with the subject under discussion. Young persons are most frequently affected. This condition is more often found in males than females. An hereditary tendency has been noted in many instances.

Pathologic anatomy shows that there are no constant lesions. That the kidneys have been found enlarged and congested, that the pelves of the kidneys and the ureters should be dilated, and that there should be hypertrophy of the bladder, is not strange when one stops to consider the great and continual irritation under which these changes have been brought about. Chemical analyses of the blood have shown a moderate increase of the solid constituents in proportion to the water. As to the urine there is only an increase of water while the quantity of the natural ingredients remains about the same as in health.

The prognosis depends almost entirely upon the nature of the causes and complications. Cases of four months to fifty years duration are on record. Some intercurrent disease is generally the cause of death. Cases of recovery have been reported, and spontaneous cures may take place; but where these occur, the duration is generally within one year and is independent of treatment.

270 Woodward Ave.

DR. METCALF'S CLINIC.

At Harper Hospital, December, 7th, 8th and 9th, 1904.

REPORT OF CASES—CONTINUED

Case XII. **Fibroid of uterus. Metritis. Vaginal hysterectomy.** (Dec. 8th, 11:30 to 12:30.)

Mrs. M., aet. 39. Family history negative. Menses began at 14; regular and 5 days in duration. Dysmenorrhoea, with fainting and vomiting during the first day. Fifteen years ago was in hospital 14 months "because of rheumatism following typhoid infection of the bladder." Left knee remained stiff. Has three children, the oldest 11 and the youngest 4 years old. Has had two miscarriages; last one was at two and a half months and was two years ago. Following first miscarriage, five years ago, had sepsis and was in bed three months. Was again confined to her bed through August and September last with peritonitis. (Compare Case IX in this connection.) Patient now has aching through top and back of head and in eye-balls; feels as though head were being constantly drawn backward. She has constant pain and soreness in abdomen, which is always tympanitic. Suffers from dyspepsia and obstinate constipation, coldness of hands and feet and insomnia. Vaginal hysterectomy was now performed; the uterus was found large and contained a fibroid in the anterior wall at the junction of the cervix with the body of the organ. Both ovaries had undergone cystic changes. Pathological examination of the uterus showed advanced interstitial endometritis and extensive fibrous deposits in the outer muscular layer. Besides the one developed fibroid, there were other small ones found in the microscopic section. The tubes were the seat of large deposits of fibrous tissue and increase of blood-vessels with thickened walls. The plicae were edematous and contained some increase of small cells. The ovaries showed a greatly thickened tunica albuginea.

There were many areas of hyaline degeneration, the blood-vessels were increasd and had thickened walls, and there were old follicular cysts. The reactionary temperature reached 101. but subsided in a few hours; the highest pulse-rate was 100. Both pulse and temperature remained normal after the 6th day. The patient sat up on the 13th day but remained in the hospital until Jan. 7th, when she appeared to be in good condition. On June 1st,she was reported to be in good health, her greatest annoyance being the "hot flashes" that regularly follow for a time the removal of the adnexae. She had been doing her own house-work for the past two months.

Case XIII. **Extensive obstructing fibro-lipoma surrounding the rectum and sigmoid flexure.** (Removal at operation, Dec. 5th; exhibited in clinic, Dec. 8th.)

Mrs. F., aet. 59. Tuberculosis on the maternal side. Menses began at 14. Married at 15; had six children; one miscarriage at 7 months; not pregnant since. Menopause at 46. Complained lately of backache, aching in back of head, and distress in lower abdomen; constipation, dyspepsia, tympanites, and frequent urination more especially in the day time. The constipation had been increasing gradually until of late even enemata were with difficulty effective. Three days ago this patient was placed in the Trendelenburg position; exploratory median abdominal incision was made, and a new-growth found surrounding the sigmoid flexure of the colon and upper rectum, crowding upon the pelvic organs, and adhering to the uterus. The growth is of the nature of a fibrolipoma, starting between the two layers of the mesentery and spreading around the bowel so that the latter is practically buried in the mass of rather dense fat. The cross-section of the growth surrounding the bowel varied from 8cm. by 6cm. to 6cm. by 5cm., and the whole was increased by numerous epiploic appendages engorged with fat. The bowel, thus encumbered for a distance of 28cm. (about 11. inches), upward from the middle of the rectum, became in the aggregate a tumor of threatening proportions.

At no part of the bowel thus compressed was any definite malignant histological change engrafted upon the moderate hyperplasia of the mucosa. It cannot, however, be overlooked that the lipoma was attaining a size which not only must be considered in relation to the bowel itself, but would eventually threaten life by interference with other organs. The bladder had already resented its presence. The removal of the ordinary pedunculated lipomata of the rectum described in the textbooks presents some difficulty if we proceed upon entirely safe ground, but it will readily be seen how absolutely impossible it would be to have removed the growth here involved by any means calculated to preserve the integrity of that portion of bowel contained within it. Accordingly the colon was amputated about five inches above the sigmoid flexure, the lumen having been closed with forceps above and below the line of incision. The lower end of the proximal portion being wrapped in gauze, the mesentery and mesorectum were ligated progressively downward and the rectum amputated at a point as low in the pelvis as accessible. The upper end of the amputated rectum was now grasped by large forceps passed through the anus and by inversion drawn outward through this opening. Next an artificial anus was made in the usual location for inguinal colostomy, the lower cut end of the proximal portion of the bowel being brought up and stitched into the opening. The denuded area in the pelvis was packed loosely with iodoform gauze with end pushed downward into anus and the abdominal wound closed. The patient was then placed in the lithotomy position, the sphincter cut posteriorly, and the remaining portion of the rectum removed. The end of gauze placed from above was brought out and other gauze added to assist drainage. The recovery was uneventful except for a limited suppuration in the abdominal wound, infection reaching it from the colostomy wound. Highest temperature, 102.4; highest pulse-rate, 100. The temperature was normal after Dec. 23rd. She left the hospital Jan. 14th in good condition. The artificial anus needed subsequent dilatation, which was done by her attending physician. She is now (June 5th) in good health and a daughter reports that the patient has good control of bowel movements except during catharsis.

Lipomata are ordinarily attached to the rectal wall and they more often assume a polypoid character. They are composed of fat-cells enclosed in a fibrous stroma and their vascularity ordinarily is not great. "Vorchung (Trans. Path. Soc. Lond., vol. XV, p. 100), has reported a case seen in a woman who had suffered during life from retention of fæces and difficulty in urination. She died from mechanical obstruction to the passage of urine. Upon post-mortem there was found a lipoma in the pelvis completely surrounding the rectum and firmly attached to its outer walls. The growth entirely obstructed the two ureters and almost completely occluded the rectum."—Diseases of the Anus, Rectum, and Pelvic Colon; James P. Tuttle; p. 718.

Case XIV. **Obstruction of cystic duct by enlargement of a lymph-gland at the angle between it and the hepatic duct.** (Dec. 8th, 12:30 to 1:30 P. M.)

Mrs. S., aet. 49. Family history negative. Matured at 13; dysmenorrhoea severe. Married at 22; two children, ages 25 and 21. Her suffering during menstruation continued throughout menstrual life. Menopause, eight months ago. She has had discomfort in region of gall-bladder for last 15 years. Is just recovering from last attack, which began six weeks ago. The intervals were formerly of two or three months duration; of late the discomfort is almost constant. Has had chills, sweating, and nausea during last attack; also referred pain to median side of right shoulder-blade. Complains of coldness and constipation. Examination of urine, negative; incomplete examination of stomach contents showed HCl present; haemoglobin, reduced to 60. per cent. No pelvic examination before she was brought into clinic. Exploratory incision in the right hypochondrium. Gall-bladder found to be filled with fluid, which could not be forced out into common duct, the cystic duct being obstructed by an enlarged lymph-node, of the size of a small olive, in the angle at the junction of the cystic and hepatic ducts, together with a congestive thickening of the mucosa. The gall-bladder measured 10. cm. in length and was of paler color than normal. There were a few adhesions apparently of recent origin. The fluid contents were removed by means of the aspirator, and a thick, brownish, semi-transparent, mucous fluid was thus evacuated; an opening was made in the fundus, but no stones were found; and a double drainage-tube was stitching into the opening made, and the organ brought up to the parietal peritoneum.

The patient was anæmic and I felt this a safer procedure at this time than cholecystectomy. I believed that by drainage in this case the enlarged lymph-gland would become smaller, and this was afterward found to be so. Her immediate recovery was uneventful, her highest temperature being 99.8, and highest pulse-rate, 100. She left the hospital Dec. 31st, apparently greatly improved, and with the wound entirely healed. After being up and about for a time she was again annoyed by a troublesome dragging pain in the lower abdomen; she returned to Harper Hospital on April 8th. On making the pelvic examination, which had been omitted in the clinic, partly for lack of time, and partly for absence of positive indications in the history obtained, ample cause was disclosed for her present discomfort—a different train of symptoms, however, as will be observed, from the periodic attacks which had formed her chief complaint on the occasion of her former visit to the hospital. The uterus was sub-involuted and retroverted, and its appendages were firmly adherent. Abdominal hsyterectomy was performed.

Pathological report: Chronic interstitial endometritis. Hyaline degeneration of ovaries, together with increase of their blood-vessels and fibrous tissue; all these changes extensive. Occasional old follicular cyst. Absence of Graafian folicles.

Occasion was taken at this time to examine the gall-bladder. It was found to contain a small quantity of bile, which could be readily pressed through the cystic duct. The gland which formerly had caused the obstruction had become reduced in size, measuring 2 mm. by 3 mm. by 4 mm. The new-formed ligament, attaching the gall-bladder to the abdominal wall, was about 2.5 cm. long with omentum adhering about it. The temperature rose to 102. on April 19th, on account of infection in the abdominal wound; it remained normal after April 27th. She left the hospital May 11th with the abdominal wound, although clean, yet not completely healed, the process of granulation being very slow. On June 12th, her family physician reported that she was apparently well, but that the wound had been slow in healing.

Case XV. **Partial atresia of the anus, congenital. Phimosis.** (Dec. 8th, 1:30 to 2:30.)

Baby I., aet. 1 year. This baby is healthy and perfectly developed with the exception that instead of the normal anus there is a small linear opening anterior to normal position. Through this opening, defecation has been accomplished with difficulty by the aid of a syringe.

In cases where the occlusion is complete or nearly so, operation should be performed at once, on the first or second day of life, before ileus begins to appear. In some cases the atresia is complete and in such an artificial anus must be made. This case is a simple one to correct, but I will use the same method as though there were complete occlusion by a thin membrane, viz., an antero-posterior incision. Through this incision the rectum is emptied and washed, the redundant tissue trimmed away, and the edge of the mucosa brought down and stitched to the skin. I do not need to cut through the sphincter in this case.

In performing the circumcision, I first dilate the prepuce with these fine-pointed forceps, retract the foreskin, partially clip the frenum, so that the glans penis will not be drawn downward. The foreskin is then pulled forward over the glans, as in its original position; a tenaculum is hooked from within outward through the mucous membrane at both the frenal and the dorsal sides. The foreskin is then put upon some stretch by pulling forward upon the tenacula. A narrow bistoury blade is then passed from side to side through the center of the foreskin at the tip of the glans and carried through, severing the frenal half. With a scissor curved upon the flat, the other half is incised upward over the dorsum. In this way just enough mucous membrane and skin are removed. The edge of the mucous membrane is then stitched to the edge of the skin, the stitch encircling the artery of the dorsum and of the frenum; or interrupted sutures may be used. Swelling and annoying erections are caused by constriction of the veins behind the glans and both may be prevented by pulling the shortened foreskin forward over the glans and keeping it there for three or four days by passing a catgut suture through the center of the foreskin from side to side and tying it above the meatus in this position. To prevent the formation of adhesions between the glans and the inner surface of the prepuce, a layer of collodion, or "liquid court-plaster" may be interposed. Attention to these minor details will keep the baby comfortable.

The baby left the hospital on Dec. 12th, and the attending physician on April 17th reported that the results were satisfactory and the child was well.

Case XVI. **Cholecytitis and chronic pancreatitis. Mayo Robson-Cammidge test positive. Cholecystectomy.** (Operation Oct. 22nd; exhibition in clinic Dec. 8th, for purpose of comparison with Cases V. and XIV.)

Mrs. M., aet. 42. Father died of cancer of the rectum. One paternal aunt died of cancer. Patient matured at 13; normal; married at 21; two children, ages 20 and 13; two miscarriages, last one ten years ago. She was sick for four months after her first miscarriage. Lacerations were repaired three years ago. She had suffered pain in the epigastrium since childhood. Intervals between such attacks would sometimes be six months. About two and a half years ago she suffered so much from gastric disturbance that she underwent lavage for some time at the hands of a specialist. Another stomach specialist advised her to eat much fat. A

surgeon had told her that she could not have gall-stones because she did not have jaundice, wherein he assumed to disagree with a general practitionr who had been in the case. Later, two years ago, she had the gall-bladder drained by another surgeon and gall-stones were removed. The drainage canal had not closed at the end of a year. The fistulous tract had then been dissected out and the wound was closed, but it did not remain so. Another surgeon operated upon the rectum and curetted the uterus "to cure her indigestion." He repeatedly cauterized the fistulous tract leading into the gall-bladder and applied X-ray and massage to the epigastric region. When she first came to me, Oct. 18th, 1904, the fistula had been closed for six weeks; she was having attacks of severe colicky pain every day or two, but without nausea. Her temperature ranged from 99. to 102. She was sent to the hospital and shortly afterward has a severe chill. On Oct. 22nd, I made an incision which disclosed the gall-bladder, gangrenous in patches and filled with pus; its walls were greatly thickened. The head of the pancreas was four times its normal thickness and harder than normal. Considering the pancreatitis, the indication was to use the gall-bladder as a drainage-tract, but on account of its gangrenous condition I performed cholecystectomy, sewing a drainage-tube over the end of the cystic duct without ligating the duct itself. Her highest temperature subsequent to operation was 100.6. On Nov. 19th, she left the hospital with the wound healed. On Nov. 26th, she again complained of severe pain and for about two weeks was again under observation, although there was no reopening of the wound. On May 15th, at a casual meeting, the patient reported that after the middle of December she had had occasional discomfort in the region of the stomach and gall-bladder, but for some time past has been comfortable; and she appears well.

Shortly after the operation upon this patient, a specimen of urine was sent to the Detroit Clinical Laboratory to be tested by the method published recently by Cammidge, working with and indorsed by Mayo Robson. The method is claimed to detect the glycerine thrown into the urine as a result of the metabolic change induced by altered pancreatic function. In our case it was rather a test of the method than a means of diagnosis, but it is of interest to note that the report was positive.

Case XVII. **Fecal fistula. Sponge in the abdomen.** (Dec. 8th, 2:45 to 4:30 P. M.)

Miss C., aet. 28. Maternal grandmother died of cancer of the breast. Menstruation began at 14; duration one week; regular; dysmenorrhoea, with great suffering the first day. Profuse leucorrhoea for last five years. Had pneumonia two years ago; fully recovered. In June last, another surgeon performed ventrosuspension to relieve retroversio uteri. The incision apparently healed but on the 13th day following the operation a fecal fistula appeared in the median line 15. cm. above the symphysis pubis. Besides the annoyance of this fistula, patient is now suffering from backache, pain in right ovarian region, and nausea after eating. A median incision is now (Dec. 8th) made through the abdominal wall above the fistula; abdominal contents protected by towels; and incision extended downward around both sides of fistulous tract. Intestinal coils and omentum were found adherent to abdominal wall about region of fistula. When these adhesions were separated, a gauze sponge was found lying in the center of the mass. Against the under side of the sponge, lay the caecum and ileum. Somewhat above the ileocaecal valve was a circular opening into the colon 4. cm. in diameter. There was also an opening in the ileum near its caecal junction. The sponge was already partly in the colon and might soon have been discharged per rectum. The openings into the intestines were repaired, with celluloid linen, the line of suture being transverse to the long diameter of the bowel. The mass of infected omentum and the cicatricial tissue in the abdominal wall were dissected away. Examination of the pelvic contents was then made. The peritoneal band formed in the effort to suspend the uterus had been stretched into a mere thread and gave no support. The right ovary was changed into a cyst of the size of a hen's egg. The left ovary contained a cyst of the size of a cherry. The right ovary was removed; the cyst was removed from the left; the uterus was suspended by a shortening of the round ligaments by the method described by Gilliam, of Columbus, Ohio; and the abdominal wound was closed.

On the 6th day, the temperature rose to 101.6 and pulse to 100., when pus was found in the lower angle of the abdominal wound; infection,

bacillus coli. Subsequently nearly the whole wound opened. More or less elevation of temperature continued until the 12th day, when induration was discovered in the cul-de-sac of Douglas through the porterior vaginal vault. Free incision was made through the latter and the pus evacuated. After this the patient made an uneventful recovery. She remained in the hospital until Jan. 18th, the process of granulation in the abdominal wound being slow. At the middle of April, her family physician reported as follows: "I called upon Miss C. today and find her to be feeling very well indeed. She seems much better than before her first operation, and it is needless to say they are well satisfied."

ANEURYSM FROM BULLET-WOUND.

By G. L. CRUICKSHANK, M. D., Windsor, Ont.,
and
P. M. HICKEY, M. D., Detroit.

On the morning of Jan. 6th, 1905, Sergt. Nash, while arresting a burglar in Windsor, was shot in the neck by a 32-calibre revolver at a distance of about six inches. The bullet went through his collar and entered the neck through the sterno-mastoid, about one ince above and half an inch exterior to the right sterno—clavicular joint, in a direction backwards and slightly downwards and outwards. It did not emerge. The officer staggered and his right arm fell temporarily paralyzed. There was very little hemorrhage. In ten or fifteen minutes the wound was cleansed and dressed in campho-phemquos. No probing was done. On the 8th a decided thrill could be felt over the wound and in the line of the carotid—and outwards towards the shoulder.

Jan. 8th, in consultation with Dr. McGraw, of Detroit, and Dr. Casgrain, of Windsor, it was decided that the thrill emanated from an aneur-

ism of the thyroid axis and should not be operated upon. The thrill by this time was very strong above the outer third of the clavicle in the position of the transverse cervical and the supracapular arteries. The thrill was not perceptible at the angle of the jaw, but the sound was very distinct. The fourth and fifth fingers of the right hand could be moved but very little.

The patient was kept rigidly in bed on a very light diet and given depresents for a month. By this time, the thrill was very much less. On Feb. 20th, Dr. Hickey made an x-ray examination in order to locate the bullet. The patient being very heavily built is was impossible to take the radiograph except in an anterio-posterior position, which would not give a definite idea as to its depth. Accordingly the x-ray was taken stereoscopically. The combined negatives showed that the bullet is lodged in the deep muscles of the back just below the scapula.

May 19th, Sergt. Nash is on duty every day. There is no apparent tremor—the thrill is slight. There is no noise in his ear. The fingers and arm have regained considerable strength.

REPORT OF CASE OF MYOCLONUS MULTIPLEX (PARAMYOCLONUS—CONVULSIVE TREMOR.)

By WM. J. STAPLETON, JR., M. D.
Detroit.

On April 21, 1905, at 2 p. m., the ambulance brought to the hospital a man who had fallen in the street in a fit. The following history was obtained. Name; weight, 180 lbs.; height, 6 ft. 1 in.; occupation, pugilist—ex-soldier; at present, no occupation.

Further questioning showed that he had been extremely active in the athletic line, especially boxing and bag punching. Had held championship at one time in bag punching. Had served in the United States Army, 31st Regulars for eight months, seeing service in Cuba and Philippines.

On Dec. 27, 1904, while lying on his back at home, his right leg became stiff and he had a convulsion—since then hardly a day passes that he does not experience one. These attacks come on without warning. There is a sudden contraction of the trunk and hip muscles, which cause the body to be alternately flexed and extended so violently that he is sometimes thrown from a chair, if he is sitting. In some of the attacks the whole body is involved. He does not become unconscious—never bites his tongue, no vomiting or inconvenience. The spasmodic movements are bilateral. During the last seven years he has been a steady drinker, and now drinks to ward off the attacks.

The pathology of this disease is unknown. Diagnosis is based upon the peculiar character of the spasm, on the fact that the trunk muscles are involved and that the spasms are bilateral. Duration is from a few months to years. Prognosis is said to be good. Treatment—tonics and chloral. Electricity and hydrotherapy are said to be beneficial.

176 Lafayette Boul.

DETROIT MEDICAL JOURNAL

A MONTHLY EPITOME OF PRACTICE AND THERAPEUTICS

HERBERT M. RICH, M. D., Managing Editor

COLLABORATORS—Frank Burr Tibbals, M. D., Augustus Wright Ives, M. D., Joseph Sill, M. D., Henry Jasper Hartz, M. D., Don M. Campbell, M. D., Preston M. Hickey, M. D., Burt Russel Shurly, M. D., Richard R. Smith, M. D., Grand Rapids.

J. F. HARTZ, Business Manager.

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An Opportune Epidemic.

Much as we deplore the suffering and loss of life in the prevailing yellow fever epidemic of Louisiana, it seems providentially sent with a message, and if this message be properly interpreted by the medical profession, results will follow making the epidemic no unmitigated curse, The good to be accomplished may be divided into three general heads. In the first place, we are promised that the city of New Orleans shall be thoroughly cleaned. This means the saving of many lives from other diseases than yellow fever. It means another American municipality getting a lesson in public health, the only sort of lesson they ever seem to heed.

A second result will be the popular appreciation of what the work of Gen. Leonard Wood and his medical associates in Cuba meant, and what the present results in Panama are. The average number of deaths per day in the Louisiana epidemic has been greater than the average per month in the Canal Zone under American control.

Finally, what more forcible argument for a National Board of Health can be brought than the present "shot-gun quarantine" of Louisiana by her sister states? It deserves a place beside Lynch-law and the Vigilance Committees of horse-thief days on the frontier. It is to be hoped that the legislative committee of the American Medical Association who are presenting to Congress the need of a National Board of Health, will not fail to push home the lesson of this epidemic. We have national commissions to regulate inter-state commerce, immigration, and a host of other things. We have a whole department of the government with a Cabinet officer devoted to the care of our agriculture, making constant warfare on the parasites of our plant life. But when a human parasite, like the yellow-fever germ, begins to devastate **human** life the National government is powerless and each man must stand before his own home with a shot-gun, while sister states of this Union are arrayed against each other with armed troops on their borders by order of the governors of the states. It should be pointed out in this connection, also, that this sort of epidemic control is as ineffective as it is crude

because the mosquito, the real bearer of the disease, can not be kept away by a shot-gun.

The Public Schools and Medicine.

Of 87 school children named as "dull" in the Dundee* (England) schools, 43 showed deafness, mostly marked; 69 had visual defects; 37 had adenoids or enlarged tonsils, or both. Among other ailments found in this class were bronchitis, eczema, impetigo, tinea, adenitis, heart lesions of various kinds, chorea and rickets. Not one was physically "fit."

These are not the first figures which have shown that there is usually a physical basis for the gross dullness of children in school, but they are at hand and serve to illustrate one phase of the question which is coming to the consciousness of the city of Detroit more and more each year. That is the question of the medical inspection of school. The Health board of the city have already taken the matter up and are consistently carrying it forward. But, as stated by Health Officer Kiefer in his paper before the State Medical Society at Petoskey, this is only a beginning. The inspection of schools with the idea of eliminating infectious diseases is the merest rudiment of the work in question.

In spite of the great amount of discussion in recent years concerning school buildings, many of them remain altogether unfit places in which to imprison children five hours a day. . There should be a thorough physical examination of every child entering school, and at stated intervals thereafter. In one high school in this city two boys with herniæ were recently taken from a gymnasium class by a watchful principal, and one girl in the same school became livid while waving dumbbells over her head and was discovered later to have a valvular lesion of the heart. No doubt these illustrations could be duplicated by the majority of physicians in the city. In the figures quoted above, it is quite likely that very few if any of the parents of the 39 children with adenoids were aware of this condition. Why should the state not provide for the medical examination of pupils as well as for their intellectual examination?

It has been objected that this savors of paternalism in government and that parents will themselves look after the health of their children. The fact remains, however, that they do not, and to oblige parents to send a child to school for mental training and pay no attention to a physical infirmity which prevents him from utilizing the opportunities provided for him is rank inconsistency and resembles offering meat to a muzzled dog.

It behooves physicians to be awake in these matters. The public, as Dr. Osler so aptly expressed it a few days ago, "are waking up and sittitng on the edge of the bed," in medical matters, and they are going to hold the medical profession responsible for insisting on reforms, the need of which is made evident by our professional knowledge and training.

* Dundee Social Union. Report of Investigation into Social Conditions in Dundee: Part 1. Medical Inspection of School Children. J. Long & Co., Bank Street, Dundee, 1905.

Nothnagel and Miculicz.

The last few weeks saw the death of two European medical professors, both of whom have been for many years particularly well-known on this side of the Atlantic. Professor Herman Nothnagel, "Vorstand" of the first medical clinic in the General Hospital of Vienna, died in that city on July 7th. He was born in Germany in 1841 graduating from the Medical School in Berlin in 1864, and became a teacher, serving in Kőnigsberg, Breslau and Jena. In 1882 he was appointed professor of Clinical Medicine in the University of Vienna and took the hospital position which he held at the time of his death. From this great vantage point of clinical medicine, his fame spread rapidly throughout the whole medical world. He was undoubtedly one of the most erudite medical men of this generation. While not a few clinicians have been his superiors in bedside diagnosis, few if any were his equal in general information on the subject of internal medicine. He was a great medical writer bringing together in his published works gleanings from an enormous field of reading. He had himself superintended a large amount of research work, particularly in the physiology and pathology of the intestines. His death will be mourned by a wide circle of friends in this country.

In the death of Professor von Miculicz, of Breslau, on June 17th, surgery suffers a distinct loss. He first became known when still an assistant of Billroth, and since then his contributions to surgery have been both numerous and important. There is scarcely a field which has not been enriched by his thought and work, his name being associated with many operations and devices. More recently, the work on enhancing the resistance of the peritoneum before operations and on the use of the pneumatic cabinet for chest operations has received much attention.

Born in Austria 55 years ago, he was trained under Billroth and held the chairs in surgery successively in Cracow, Kőnigsberg and Breslau, going to the latter clinic in 1890. He was also known as an editor of marked ability and was ever a true friend of the American student. His visit to this country two years ago, will be remembered by many.

Diabetes Insipidus.

In connection with the paper under the above title in this number of the JOURNAL it is important to keep in mind that an hereditary form of this disease exists. A good illustration is furnished by the recent exhibition by Knöpfelmacher in Vienna* of a brother (aged 12), and sister (aged 8), who had suffered from earliest childhood with this disease. The father, grandfather, and paternal great-grandmother had been similarly affected. Out of twenty members of the family in the four generations, five had the disease. Both children were thin. The boy had a cystitis and the girl ichthyosis congenita, but no other abnormalities were shown except that each had an enormously distended bladder. The boy passed from 7 to 9 litres of urine per day and the girl 5 to 6.3 litres.

Knöpfelmacher believes therapeutic measures to be of no avail so far as the fundemental condition is concerned in these congenital cases.

*Monotschrift Kinderh, April, 1905.

A New Journal.

The JOURNAL extends good wishes to The American Journal of Tuberculosis, the initial number of which has just reached us. Dr. E. L. Shurly, the well-known author and throat and chest specialist, is editor, and it is published in Detroit. Every factor in the fight against tuberculosis is welcome, and this new periodical promises to fill a place of great usefulness.

THERAPEUTIC NOTES

Convulsions in Children.

℞ Chloral hydratis, gr. v.
Lactis, ℥j.
M. Sig.: As a rectal injection.
℞ Sodii Bromidi,
Chloral hydratis,
Sodii bicarb., of each, gr. viij.
Aquæ, f℥j.
Teaspoonful every hour, to a child under four months old. (Southern Practitioner.)

For Acute Bronchitis.

℞ Vini ipecac,
Tinct. scillæ, of each, *m*x.
Spts. ether nit., ℥ss.
Aq. chloroform, ℥ij.
M. Sig.: At one dose and repeat every four hours. (Canadian Practitioner and Review).

Migraine.

The following prescriptions are suggested for migraine by Bjorkmann (Merck's Archives):—
℞ Caffeinae, 4 grains.
Sodii salicyl., 8 grains.
Cocaini hydrochl., 1-3 grain.
Aquae, 1 ounce.
Syrupi simpl,. 2½ drachms.
To be taken at once. Especially active where trigeminal neuralgia accompanies the migraine.
For the distressing nausea and vomiting.—
℞ Tr. zingiberis, 1 drachm.
Tr. capsici, 36 drops.
Syrupi zingerberis, ½ ounce.
Aq. menth. pip., ad 3 ounces.
Dessertspoonful every hour. (Therapeutic Review).

Expectorant for Children and Adults.

℞	Potassium iodid		
	Camphorated opium tinct. aa.	℥j	4
	Ammon. acetate sol.	℥ss	2
	Tolu syrup	℥vi	20
	Water, p. s.....ad.....	℥jv	120

M. Sig.: One-half to one teaspoonful three to four times a day.—Selected.

Hay Fever.

℞	Hyoscyamus ext.	gr. xij	
	Potassium iodid	℥j	4
	Potassium bicarb	℥ij	8
	Licorice ext., pur	℥iv	15
	Anise water	℥jvss	135

M. Sig.: Dessertspoonful every four hours until relieved.—Weber.

EDITORIAL NOTES

Dr. J. B.Haynes is the newly appointed health officer of Dundee.

Dr. Clarence W. Harrison, of Allen, Mich., has located in Hillsdale.

N. B. Sherman, of Marshall, has located in Battle Creek to practice medicine.

Missouri has appropriated $50,000 for the establishment of a tuberculosis hospital.

Dr. R. B. Hoag, late of Fowlerville, has located and will practice in Wayne, Mich.

Dr. S. S. Hanson has been appointed pension examining surgeon at Port Huron.

Dr. A. L. Finch, of 1133 Russell St., has moved to the corner of Beaubien and High Sts.

Dr. G. E. Ehle, formerly of Grand Rapids, has located in Butternut with office at the Hotel.

Dr. John D. Stewart, of Detroit, has located in Hartford for the practice of his profession.

Dr. J. Vernon White has removed his offices from 623-5 Majestic Bldg., to 57 Fort street west.

Dr. T. E. Sands and bride, of Battle Creek, have returned from their European wedding tour.

Dr. Sturgeon has been placed at the head of Hackley hospital of Muskegon, succeeding Dr. Kelsey.

Dr. Johnson of Midland, left Monday for Chicago, to take a couple of months' special course in surgery.

Dr. C. W. Merkel, of Charlotte, Mich., a graduate of the U. of M. of this year, has located at Augusta, Ill.

The Association of Military Surgeons of the United States convenes in Detroit September 26, 27 and 28.

Dr. Frank Billings, of Chicago, was chosen president of the Association of American Physicians on May 17th.

Boston will build a second relief station in connection with its City Hospital. The new one will be located in East Boston.

Dr. Rush McNair, of Kalamazoo, addressed the Allegan Count Medical Society on May 19th, on "Some Varieties of Fractures."

The Massachusetts legislature has passed a bill appropriating $150,000 for the establishment of a State Hospital for Consumptives.

Dr. Clarence Traphagen left Fenton on the 13th ult. from New New York, for study in London hospitals. He will be gone until September.

Dr. T. J. Henry, of Twenty-third street and Michigan avenue, has returned after a month's course in the New York Post-Graduate Hospital.

A Pharmacal Department is to be established in connection with the Michigan College of Medicine and Surgery, which is about to go into new quarters.

Professor Von Noorden, chief physician of the city hospitals of Frankfort, Germany, will lecture at the University of the City of New York in October.

Dr. Richard C. Cabot, of Boston, has been elected president of a newly organized society, to be known as the New England Society for the Education of the Nurse.

Dr. Phil Sanderson has resigned his position as Wayne County Physician and has been succeeded by Dr. E. B. Forbes. Dr. Polozker was re-elected as his colleague.

FOR SALE: Physician's practice of $1,500 or $1,800 per year; one-acre lot with house, barn and office; office furniture and drugs, $1,000 cash will buy this. No bonus for introduction. Good reason for selling, and further information given by addressing M. H. C., Care of Detroit Medical Journal.

PRACTICE FOR SALE: Dr. M. N. Coan, New Boston, Mich. Property and practice, five years village and county, $1,500 to $2,000. Address the Journal.

Dr. Wadsworth Warren, Detroit, is the editor of a new yachting magazine called Fore'n Aft, published in Chicago. The first number is extremely interesting and attractive.

Dr. W. A. Chapman has recently located at Ludington, from Portland, Ore. He is a graduate of the University of Michigan and a post graduate of the Ohio Wesleyan College.

Mrs. William Vanderhide, wife of a farmer living near Muskegon, gave birth to quadruplets this week. The babies are all doing well, but the mother died soon after they were born.

Dr. J. A. McMillan and family have rented a cottage for the summer at Macatawa Beach. The doctor will spend some time in Chicago, and will return to Detroit in the fall.

Dr. Margaret E. Otis was recently appointed house physician at Emergency hospital Monday to succeed Dr. Millie E. Wilson who returned to Rochester, Mich., to take up practice with her father.

Dr. Joseph A. Belanger, health officer of River Rouge, is at Solvay Hospital in a critical condition, from septic poisoning, contracted while operating on a patient, from a small cut on his thumb.

A meeting of the Saginaw County Medical Society occurred on May 9th. Dr. E. B. Smith, of this city, read a paper on "Intestinal Obstruction," and Dr. A. L. Bailey, of Chesaning, read one on "Gall Stones."

At a meeting of the Ohio Medical Association officers, at Columbus, arrangements were completed for the publication of the society's new monthly journal. It will be called the Ohio State Medical Journal.

Dr. Thomas Opie, for 33 years dean of College of Physicians and Surgeons of Baltimore and Professor of Gynecology of the Faculty, has resigned. Dr. Chas. F. Bevan, Profossor of Surgery, has been elected dean.

The Health Officers of both Port Huron and Saginaw have recently had serious difficulties, caused by the failure of physicians to report contagious diseases. Prosecutions were threatened, but have not yet been carried out.

The newly appointed city physicians of Detroit are as follows: Dr. Howard B. Baker, Dr. Fred E. Thompson, Dr. Edmund Quandt, city physicians; Dr. John W. Hoffman, city pharmacist; Dr. J. C. Rutledge, county physician.

Dr. G. C. Chene, of Windsor, and Dr. G. W. Robinson, of Scarboro, Ont., have been appointed to take the place of Dr. Wm. J. Seymour and Dr. L. L. Zimmer, whose terms have expired on the house staff at St. Mary's Hospital.

Dr. W. T. Parker, of Fowlerville, has sold his practice to Dr. J. A. McGarvah and sailed for Germany. Dr. McGarvah comes from Windsor, Ont., and is a graduate of Detroit College of Medicine, spending one year at Harper Hospital.

Dr. Irving E. Saunders, of Detroit, formerly of Jackson, has been arrested for alleged defrauding a widow at Tecumseh to the amount of $925. It is learned from one of his attorneys that he will not be able to secure the $500 bail required.

Milwaukee has had a typoid fever scourge, about 150 cases having occurred there during the month of May. It was discovered there that the water in Lake Michigan had become polluted by sewage, and this was undoubtedly the cause of the epidemic.

Dr. D. A. MacLachlan was on May 13th nominated as vice-president of Grace Hospital medical board, to succeed Dr. Arthur E. Gue. This will be the only change in the board, and will be acted upon by the board of trustees at its annual meeting in June.

On account of the coming departure of Dr. W. R. Ballard, for the purpose of taking a post-graduate course in Europe, he has disposed of his practice to Dr. W. B. Clark, of St. Louis, Mich., and Dr. Clark's practice will be acquired by Dr. James W. Campbell, of Sebewaing.

Dr. L. Campbell, of Birmingham, has been appointed a member of the state board of medical registration by Gov. Warner to succeed Henry B. Landon, M. D., of Bay City. He will assume his duties Oct. 1. He is a U. of M. graduate and has been in continuous practice for twenty-five years.

The Oakland County Medical Society has fixed a schedule of prices for post mortem examinations. This schedule has been mailed to all the practitioners in the county. The prices named are not at all exhorbitant, and it would certainly be an excellent thing if it should be adhered to strictly.

The sudden and serious illness of a dozen students and professors at Alma college immediately following a college dinner, has caused physicians to investigate the cause of so remarkable an occurrence, and the conclusion has been reached that that the ice cream may have been polluted with the deadly germs.

Miss Ethel Gertrude Bowman was married to Dr. James William McEwan, Wednesday evening, May 17th. Dr. McEwan is a graduate of the University of Edinburgh, since which he has been attending the University of Michigan. He will spend some time in study in London before beginning a practice in Detroit.

Dr. E. L. Shurly, of Detroit, was elected president of the American Climatological association at the recent meeting in Detroit. Dr. Blackader, of Montreal, was chosen first vice-president; Dr. Sewall, of Denver, 2nd Vice-President and Dr. Guy Hinsdale, of Hot Springs, Va., was re-elected secretary and treasurer. The 1906 convention will be held at Atlantic City.

Dr. Osler sailed for England on May 19. He is proving his capacity at epigram again. He told the Tuberculosis Congress that education regarding tuberculosis was the thing to strive for. The public, he said, was awake, but sitting on the edge of the bed and not yet dressed. When the public got dressed, much would be accomplished toward stamping out the disease.

It is announced that the Memorial Institute for Infectious Disease, of Chicago, has established a serum division as a branch of its scientific and experimental work, of which Professor Edwin O. Jordan, of the University of Chicago, has been placed in charge. In connection with this work, it is expected that a limited amount of diphtheria antitoxin will be available for distribution.

Dr. Samuel W. Lambert, Dean of the Medical School of Columbia University, New York, was given the honorary Master of Arts Degree by Yale at its commencement in June, while Dr. Abraham Jacobi was made LL. D. On the same day Dr. Jas. H. Wright, of Boston, was given an honorary Doctor of Science degree by Harvard, which also honored her own Professor Fitz with an LL. D.

At a meeting of Wayne county board of poor commissioners, Dr. John J. Marker was appointed to succeed James Gillespie, for the past twenty years superintendent of the poor house. Dr. Marker will retain his present position as superintendent of the Eloise Asylum. The city poor commission will appoint three new city physicians to succeed Drs. George W. Augustine, J. H. Neary and M. A. Fechheimer.

The State of Arkansas has recently passed a new law revoking the license of any physician found guilty of habitual indulgence in the use of alcohol, opium, cocaine or any such agent to such an extent as to render himself incapable of exercising that degree of skill and judgment which the moral trust and confidence reposed in him demands, said license not to be renewed under one year, and not then unless satisfactory evidence is produced that he has ceased such indulgence.

Whether correctly or not, the name of Dr. H. O. Walker, as the professor, is connected with this incident: A bright young chap appeared at clinics with the dregs of a hilarious night still working. A woman was presented with one side of her lower jaw dislocated. "How would you reduce the dislocation?" was asked of the young man. "How was it caused, professor?" sparring for wind. "In strapping a very tightly packed trunk." "I would advise the lady to unstrap it 'immediately."

Port Huron's new hospital was thrown open to the public for use on the 10th of June. The building is three stories in heighth, built of Brick and will accommodate fifty patients. Mr. Chas. Baer made the largest donation, givin a site and $10,000 in cash. The balance of the money, about $20,000, was raised in an ideal

way, practically every social organization in the city assisting in raising money for the purpose. Dr. M. Wilson is president of the Board of Trustees, and Dr. T. F. Heavenrich is a member of the Board.

Dr. Samuel Kitcher, president of Saginaw's board of health, is determined that the physicians shall live up to the requirements of the state law, as to contagious diseases. At a meeting of the local board it was reported that a smallpox patient had been sent to the detention hospital, but that the case had not been reported to the health officer, as required by law. President Kitchen wanted a warrant issued for the delinquent, but as this could not be done, the case being a civil and not a criminal one, he will have the matter brought to the attention of the prosecuting attorney.

In the City of Mexico a splendid hospital has just been completed, at a cost of $3,000,000. It is considered to be the finest in the world, built on the pavillion plan, having 47 pavillions. There are special pavillions for hydrotherapy, electrotherapy and mechano-therapy. with trained men in charge of each department. Segregation of the infectious diseases is accomplished by seven buildings, separated from the remaining buildings by an eight-foot wall. Pneumonia and phthisis are classed among the infectious diseases and there is a separate building for each, with other buildings for yellow fever, smallpox, etc.

MARRIAGES.

Dr. Roy O. Woodruff, of Bay City, was married to Miss Veray M. Hall, of the same city.

Dr. Frank B. Walker and Miss Kate H. Jacobs, both of Detroit, were married on June 26th.

Dr. Ralph Apted, of Grand Rapids, was married to Miss Susan Fisher of that city on June 16th.

Dr. W. S. Shipp, of Battle Creek, was married on June 28th to Miss Florence Temple, of Tecumseh.

Dr. G. H. Lynch, of Traverse City, was married on June 21st to Miss Una Palmer, of Big Rapids.

Dr. Wm. F. Acker, of Monroe, was married on June 7th to Miss Mildred H. Crane, a Harper Hospital nurse.

Miss Mabel Drews, daughter of Mrs. Gus W. Edson, of 75 Brady street, this city, was married on June 20, to Dr. Jay F. Pool.

The marriage of Miss Otille Fude to Dr. Charles Freiberg took place at the family residence on Lincoln avenue, on May 3rd.

Dr. John S. Hall, of Delray, and Miss Emily Fettig, of the same place, were married on June 14th. The doctor will continue his practice at Delray.

The marrirage of Miss Madeleine Nouyaut, of Toledo, O., and Dr. Charles F. Pequegnot, of this city, took place June 15, at the home of the bride.

The marriage of Miss Mary Mickleborough to Dr. F. Reno Deming, Detroit, was solemnized Wednesday evening, May 17, at the residence of the bride's mother, Mrs. L. M. Mickleborough.

Dr. Lela Nell French, of Benton Harbor, and Prof. Carl G. McClellan, of Jefferson, O., were married by the Rev. W. P. French, father of the bride, at Benton Harbor, Mich., June 7.

Three Adrian physicians have recently joined the matrimonial order of Benedicts. Dr. Ransom A. Race to Miss Howes; Dr. H. A. Wright to Miss Florence Clements and Dr. Guy M. Claflin to Miss Anna Owens.

DEATHS.

Chas. A. Wean, D. M. C., 1885, died on May 28 in Chicago. Deceased was fort yyears of age and died of Septicaemia.

Dr. William Lushington, of Toledo, who fell at the corner of Congress and Griswold streets, fracturing his skull, died at Emergency Hospital on May 5.

Dr. James Sleet, aged 82, of Byron, is dead. He was assistant surgeon of the Sixth Michigan cavalry during the rebellion, served with Custer in Wyoming, and was a member of the Shiawassee bar since the war.

Association of Military Surgeons.

The Annual Meeting of this organization will be held in Detroit September 26-27-28 next. The scientific sessions will be held at the Hotel Cadillac from 9-12 a. m. and 1.30 to 4 p. m. of each day. Major Henkel, who is in charge of the local arrangements, has prepared a most attractive program of social events for the members and their wives, including a reception at the Cadillac, a tally-ho ride, supper at the Detroit Yacht Club, reception at Detroit Art Museum, a theatre party and special trips to Orchard Lake and the Flats. Surgeon-General Wyman, of Washington, will preside at the scientific meetings. The program, which will appear in our next issue, will include some personal observations on the medical service of the Russo-Japanese War which will undoubtedly be of great interest. The medical profession at large is cordially invited to attend the scientific sessions.

New Appointment.

Dr. A. P. Ohlmacher, recently of Gallipolis, Ohio, has been appointed director of the biologic laboratories of Frederick Stearns & Co., of Detroit, and has entered upon the duties of that position, which are chiefly those of original research in biologic therapeutics.

Medical men familiar with the literature of pathology, bacteriology and serum therapy in America, know Dr. Ohlmacher as a pioneer investigator in these branches of science. He was one of the first bacteriologists in this country to immunize a horse against diphtheria, and to produce a serum of clinical value. His work attracted widespread attention, and it is significant that his papers published in 1904 on the preparation, uses and value of antidiphtheric serum still stand as authoritative utterances on the subject. This work was purely scientific, carried out on an extensive experimental scale, both in the laboratory and at the bedside, and antedated the commercial production of antitoxin in America. As a teacher and author Dr. Ohlmacher is equally well known to the profession, and the fact that he is to have entire charge of the important biologic interests of the Searns house gives additional assurance—if any were needed—of the liberal attitude of that institution towards the scientific work, which is the pride and glory of American medicine.

International Medical Congress.

The next International Medical Congress will be held in Lisbon, April 10 to 26, 1906. It is expected that it will be one of unusual importance, for a meeting which will be held in what has always been considered as an out of the way country. Already the titles of papers from some of the most distinguished men of the medical profession have been received. Some of the topics for discussion that have been selected by the Executive Committee are the following:

Section of Descriptive and Comparative Anatomy, Anthropology, Embryology and Histology.

- Definition, structure and composition of protoplasm.
- Origin, nature and classification of pigments.
- Cellular changes in normal tissues.
- Evolution and involution of the thymus gland.

Section of Physiology.

- The role of leucocytes in nutrition.
- The thyroid secretion.
- Renal permeability.
- The nutritive value of alcohol.
- The physiology of the cytotoxins.
- The blood ferments.

Section of General Pathology, Bacteriology and Pathological Anatomy.

- What are the present scientific proofs of the parastic nature of neoplasms, especially of cancer?
- Preventive inoculations against bacterial diseases.
- Preventive inoculations against protozoic diseases.
- Preventive inoculations against diseases from an unknown specific agent.
- The pancreas and fat necrosis.

Therapeutics and Pharmacology.

- Local therapeutics in infectious diseases.

Separation, from a physiological and therapeutic point of view, of the different radiations produced in Crooke's tubes and of those which are sent out by radioactive bodies.
The therapeutic value of bactericidal serums.
The relation between the molecular constitution of organic bodies and their physiological and therapeutic action.

Section of Medicine.
The pathogenesis of diabetes.
The pathogenesis of arterial hypertension.
The treatment of cirrhosis of the liver.
Cerebrospinal meningitis.
International defense against tuberculosis.
Meningeal hemorrhages.

Section of Pediatrics.
Spastic affections of infancy; classification and pathogenesis.
Cerebrospinal meningitis; etiology and treatment.
The social struggle against rickets.
Orthopedic surgery in affections of nervous origin, spastic and paralytic.
Congenital dislocation of the hip.
The treatment of abdominal tuberculosis (peritoneal).

Neurology, Psychiatry and Criminal Anthropology.
Penal reform from the anthropologic and psychiatric point of view.
Forms and pathogenesis of dementia praecox.
The relations of progressive muscular atrophy to Charcot's disease.
Cerebral localization in mental disease.
Education and crime.
Stigmata of degeneration and crime.

Section of Surgery.
Septic peritoneal infections; classification and treatment.
Gastrointestinal and intestinointestinal anastomoses.
Recent additions to arterial and venous surgery.

Section of Medicine and Surgery of the Urinary Organs.
Surgical intervention in Bright's disease.
Surgical treatment of prostato-vesical tuberculosis.
Progress of urology in the diagnosis of renal disease.
Painful cystides.

Section of Opthalmology.
Blepharoplasty.
Serotherapy in ophthalmology.

Section of Laryngology, Rhinology, Otology and Stomatology.
Study of the epileptogenous action of foreign bodies in the ear and of vegetations in the naso-pharynx.
The different forms of suppuration of the maxillary sinus.
Injections of paraffin in rhinology.
Differential diagnosis of tubercular, syphilitic and cancerous lesions of the larynx.
Choice of anesthesia in the extraction of tooth.
Treatment of alveolar suppuration.

Section of Obstetrics and Gynecology.
Conservative surgery of the ovaries.
Tuberculosis of the adnexa.
Symphisiotomy.
Pregnancy and cancer of the uterus.
Therapy of puerperal infections.

Section of Hygiene and Epidemiology.
The intermediary of yellow fever.
The co-operation of nations to prevent the importation of yellow fever and the pest.
Watering the streets as a means against tuberculosis.
Recent additions to the etiology and epidemiology of epidemic cerebrospinal meningitis.

Section of Military Medicine.
Portable ration of the soldier during campaign.
The purifying of the country.
Emergency hospital on the battlefield.

Section of Legal Medicine.
Signs of death from drowning.
Ecchymoses in legal medicine.
Epilepsy in legal medicine.
Organization of medico-legal services.
Section of Colonial and Naval Medicine.
Etiology and prophylaxis of beri-beri.
Etiology and prophylaxis of dysentery in hot countries.
Mental diseases in tropical countries.
Hospital ships and their function in time of war.
Tuberculosis in the navy and its prophylaxis.

PROGRESS OF MEDICAL SCIENCE

Some Cases of Uveitis Due to Accessory Sinus Disease.

H. H. Fish, M. D. (The American Journal of Ophthalmology, Dec., 1904), writes an instructive and entertaining article upon this subject which is more or less new in the views advanced as to the causation of deep seated inflammatory disease of retina, choroid and optic nerve.

Fish goes into the anatomic connection between the venous supply of the uveal tract and the accessory sinus of the nose and upon this connection bases his view of etiologic relationship between sinusitis and the ocular lesions.

He quotes copiously from ophthalmic literature and presents six cases in which the ocular pathologic manifestations were markedly improved by probing and syringing the fronto-nasal canal in those cases presenting tenderness over the frontal sinus.

In conclusion, Fish notes that in these six cases the following points are made:

1st. A negative history in all these patients of all constitutional causes of the ocular lesions.

2nd. In all the presence of a sinusitis.

3rd. In all a partial paresis of the pupil and accommodation.

4th. The rarity of the detection of the relationship between these conditions is due to the fact that the symptoms of latent or closed stinusitis is manifested about the eye, hence the rhinologist does not see and diagnose these cases.

Dr. Osler's Farewell Address.

"Unity, Peace and Concord" is the title chosen for his address by Dr. Osler (Journal A. M. A., August 5). The medical profession is the only one, he says, that everywhere throughout the world has the same methods, ambitions and aims—it is the only world-wide profession. In a little more than a century a united profession working in every land has done more for the race than any other body of men. Any great discovery in any part of the world is common property at once. In referring to the things needed to bring about perfect unity in the profession in this country, he laid special emphasis on the need of reciprocity in the medical practice laws in the various states and territories, and the need for consolidation of medical schools and for the recognition of those homeopathic physicians who are ready to accept the facts of scientific medicine. Osler believes that mutual concessions only are needed, such as the abandonment of special designation, and the intelligent toleration of therapeutic vagaries that have always beset the profession, but are at worst only flies on the wheels of progress. He advocates peace, but by this he does not mean cessation of our professional conflict with ignorance, apathy and vice. This must be steadily carried on. There is, however, at times, he says, a lack of the professional harmony that should exist, and this is to be lamented. He thinks that there are three chief causes of the quarrels of physicians. The first is lack of proper friendly intercourse, the second is uncharitableness, and the third is the wagging tongue of individuals, who are too often ready to make trouble between physicians. He says that a physician should never listen to a patient who tells tales derogatory of other physicians, and should not believe them, even if he thinks they may be true.

5th. The frightful pain accompanying an iritis is often due not to the ocular lesion but to the accompanying sinusitis.

6th. The relationship is much more frequently found when looked for than the literature on the subject of uveitis would leal one to suppose.

DON. M. CAMPBELL.

Feeding Hungry School Children.

In Brussels every school child is medically examined once every ten days. Its eyes, teeth, ears, and general physical condition are overhauled. If it looks weak and puny they give it doses of codliver oil or some suitable tonic. At midday it gets a substantial meal, thanks to private benevolence assisted by communal funds, and the greatest care is taken to see that no child goes ill-shod, ill-clad, or ill-fed.

Splenomedullary Leukemia.

Drs. Everett J. Brown and Cecil M. Jack, Decatur, Ill., reported in The Journal A. M. A. ,March 26, 1904, a case of splenomyelogenous leukemia symptomatically cured by X-ray treatment. In The Journal A. M. A., March 25, they report the final outcome of the case with autopsy findings In the fall of 1904 the patient began to become weaker, the spleen enlarged again and he finally succumbed with typhoid-like symptoms just sixteen months after first coming under observation. The macroscopic examination showed a somewhat enlarged spleen, some kidney lesions and no special gastrointestinal abnormalities. The pathologic examination showed a marked fibrosis of the spleen with a general picture of splenic anemia, no evidence of leukemia in the intestines or lungs, extensive deposits of lime salts in the kidneys involving especially the convoluted tubules, and the lymph glands showed a lymphoid hyperplasia resembling that of lymphatic leukemic disease. Dr. A. S. Warthin, of Ann Arbor, who made the pathologic examination, remarks that the only conclusion justified by the findings would seem to be that the X-ray treatment had resolved the leukemic condition into an aleukemic state, but that the essential disease process, as shown by the lymph glands, was still active. The leucocytes have been removed from the general circulation and from the areas of infiltration, and the splenic changes seemed to be secondary. The remarkable condition in the kidneys offers room for some speculation as to the source of a toxin such as might result from very extensive destruction of leucocytes. No specimen of bone marrow was secured, which the authors regret.

Mortality, Disability, and Permancy of Cure in Surgery.

....Under the above title Dr. C. H. Mayo, in the Northwestern Lancet, May 15, discusses what is practically the patient's point of view, which is too often ignored by the surgeon. If death occurs in the hospital, no matter how long after an operation, the layman connects it with the operation; the writer, in compiling mortality rates of operations, has adopted the same criterion.

To the patient, the period of disability is often all-important; the surgeon should reduce it by making wounds as small as possible, and by using great care in the drainage of wounds. Dr. Mayo detains hernia cases in bed only 13 days in favorable cases, and stomach and gall-bladder cases only 12 to 14 days. He seldom drains through the operation wound, but closes it tight and drains by separate puncture wounds, which lessen the likelihood of hernia.

Permancy of cure can be fairly well predicted except in malignancy, and even then can be better prognosticated than formerly, by our advanced knowledge of the lymphatic system. In this field the outcome depends upon the early diagnosis and prompt recommendation of radical removal.

—C. S. OAKMAN.

Carpal, Scaphoid, and Semilunar.

In the Annals of Surgery, April and June, Codman and Chase discuss at length the diagnosis and treatment of fracture of the scaphoid and dislocation of the semilunar bone, based upon study of the literature and the observation of many cases coming under their notice.

Simple fracture of the scaphoid gives localized swelling in the radical half of the wrist, acute tenderness in the anatomical snuff-box on adduction of the hand,

and limitataion of extension; X-ray is the final confirmation. So-called "sprains" of the wrist which fail to get well often prove to be fractured scaphoids or dislocated semilunars, or both. Such fractures show very little power of repair and give trouble for years. Treatment by immobilization, if not successful in four weeks, usually is not curative on longer trial; these cases give better results if the proximal fragment is excised, followed in a week after operation by passive motion.

Anterior dislocation of the semilunar produces a silver fork deformity, with a posterior hollow proximal to the os magnum and an anterior prominence distal to the lower end of the radius; a shortened palm; stiffness, and pain on motion of the fingers. Recent dislocations are reducible, but old ones usually require incision of the bone.

All carpal injuries should be carefully examined, else these rarer, but well defined conditions will not be diagnosed; the X-ray should be employed when possible, but in interpreting radiographs it must be remembered that bipartite scaphoids occur, though very rarely. Full bibliography is appended.

—C. S. OAKMAN.

Foreign Bodies in the Eye.

Peter A. Callan, M. D., (Medical Review of Reviews, April 25, 1905), writes an interesting and instructive article upon the above subject.

The author touches upon the different prognosis as to recovery and retention of jury done in the penetration of the missile and also in the manipulation necessary for its removal; (2nd) the position at which the foreign body comes to rest within the eye. The arterior vitreous; (3rd) penetration of the ciliary body adds greatly to the gravity of prognosis.

The opinion of the patient as to the presence or absence of a retained foreign body is very untrustworthy. Three methods for arriving at a diagnosis as to the presence of a foreign body in an eye whose media are too cloudy to admit of seeing the missile with the ophthalmoscope, are employed viz: (1st) The x-ray photograph; (2nd) The magnetic needle (the astatic needle of Gerard and the siderоscope of Asmus) and, (3rd) the Haah giant magnet.

Conclusions:

Never take the patient's word as to the presence or absence of a foreign body. All foreign bodies should be removed. A foreign body in the vitreous is the most dangerous. Avoid if possible a scleral incision. When there is a traumatic cataract from passage of foreign body through the lens, the cataract should be removed and magnet introduced through the pupillary space. The foreign body should be removed with as little traumatism as passible.—DON. M. CAMPBELL.

Prostitution.

Woods Hutchinson, M. D. (Medical News). The vital questions of the problem are two in number: first, what class and character of men and women are affected by this institution? and, second, in what are they affected? First, as to the women, the almost unanimous testimony of the replies received, as well as of the figures of Du Chalet in Paris, (a) that 90 per cent. of prostitutes are drawn from the lowest and most ignorant class of the population; (b) that they are led to this life by the desire for luxury, display and idleness, a purely trade-instinct, in fact, and not by strong sexual impulses, want, or seduction and desertion; (c) that their average life-time after entering this career is 9.0 years; (d) that during this period they are practically sterile; (e) that very few of them permanently reform, and those who do are extremely infertile. Now as to the men. Unlike the women, they are drawn from no single class, condition, or age in the community, but from all alike. They are drawn into the vortex by an instinct, it is true, but not a natural one—a perverted one. It is astonishing how little "passion" there is in the trade on either side. So far from the "hot blood of youth" being chiefly responsible, houses of ill-repute derive two-thirds of their income from married men over forty. In fact, the essential "Leit motif" of the practice is not the sexual impulse pure and simple, but the desire to indulge that impulse and escape its natural and legitimate consequences, conception. And in this respect women are just as much to blame as men. Many a man is driven to the brothel by his own wife. Three sources chiefly feed the reeking stream of prostitution, two of which are best characterized in the phrases, "can't afford to marry," and "don't want to be bothered with chil-

dren," and the last and chiefest is limiting unduly the size of families. This is the civilized successor of infanticide, and, like it, is the racial "sin against the Holy Ghost, which shall not be forgiven."

How are the supporters of this "institution" affected by it? The general impression is, especially in respect to the women, that they are rapidly killed by venereal disease and sexual excess, but upon gathring reliable facts we find the actual mortality from either of these causes decidedly low. Brain syphilis and locomotor ataxia among the men, and gonorrheal peritonitis among the women, are almost the only actual fatal forms of venereal disease, and when we come to examine the "bogey" of "sexual excess" we are simply astonished to find how few permanently injurious results of any sort are produced by it. What, then, does shorten the life of the prostitute? My replies were absolutely unanimous upon this point and surprised me greatly. Every observer gives alcohol the first place, morphine, chloral, and venereal disease come almost together as bad seconds, suicide is fourth, and irregular hours and exposure next. Thus alcohol is found here, as elsewhere, one of the best friends of civilization. It is worth all the police systems and "missions" ever invented for the elimination of the criminal.

But although this vice has so comparatively little direct effect upon the life chances of its patrons, it affects them all with great force and certainty in another respect. It is the most efficient sterilizer. The prostitute, of course, for obvious reasons, seldom bears children during her "active" life, and usually becomes sterile sooner or later by endometritis or salpingitis, before alcohol or premature old age claims her. She seldom "reforms" (thank heaven), and if she does, bears few children.

Now as to the man. Supposing he is infected with syphilis, what results? Under any circumstances or any treatment he is absolutely sterile for from two to seven years, either by abstinence or by the infection of whatever woman may be unfortunate enough to be his wife during that time. Abortion after abortion occurs until viable children are born, but even then——! Tarnier declares that eighty-five per cent. of syphilitic children die before the sixth month. As to gonorrhea, the revolution in professional opinion in this regard is simply startling. No longer regarded as a mere trifle, its effects are found to be appallingly widespread. Orchitis on the one hand, and pyosalpinx on the other, spring up in swarms in its wake like veritable dragon's brood. The despairing cry goes up, "It is doubtful whether gonorrhea is ever cured!" Here, again "justice may move with a leaden foot, but she strikes with an iron hand." That insignificant little infection gonorrhea, "of no more importance than a cold in the head," is found to be followed by a Nemesis of infirmity which is simply appaling.

To sum up, then from the female side of this institution, our conclusion would be that it is concerned principally with the most worthless variety of women, the degenerate or criminals, and the idle, the mercenary, and shameless of the lower classes; in short, women whom the community can well afford to spare; that these women, when fairly in its grasp, are practically prevented from propagating their kind during their career, and rapidly destroyed if they remain in it; that very few marry, and those who do are barren in a very high degree; in short, it is an eliminative agency of high value and wonderful efficiency for first rendering sterile and then rapidly destroying the worst specimens of their sex—women whose "reform" and child-bearing would be a curse to the community. No need to spay the prostitute or castrate the criminal; they'll do it themselves if they are just given a little time.

To say that prostitution involves fearful and widespread suffering to innocent women and children would be as true as it is pitiable and harrowing, but "a companion of fools shall be destroyed" is no vengeful threat, but a simple statement of a stern, necessary law, of highest value to the race. The only way to check its ravages is to reduce to the lowest possible limit the class upon which it is sure (and ought) to act. And the only way agenucy of any value in this work is educational, education, education! Legislation is useless, "regulation" worse still. Awake society to the fact that the rake does not make the best husband, especially awake the "managing mammas," who are for the most part either shamefully ignorant and determined to keep their charges so, or as conscienceless in these matters as the slave-dealer of the Soudan.

Above and beyond all, we should foster, glorify, deify, is necessary, the one instinct in man's bosom which can master the sexual, the highest, the holiest, the strongest of which he is capable—his love to the one woman who is, or is to be, all the world to him. Once touch this spring and he is safe. Well may all of clearest and deepest vision among us, the poets, never weary of singing its praise. The age

of chivalry should be brought back in nobler, truer form. Lust laughs at opposition and exults in danger, but sinks ashamed at the whisper of love. Impress upon every man, not his own danger, but that of his wife that is to be, of his children yet unborn. Nay, further, make him see that the last insult he can offer to the one for whom he would cheerfully lay down his life is to make, in the burning words of the apostle, her "members the members of a harlot." Do this, and prostitution will disappear from the face of the earth."

NEW INSTRUMENTS AND DEVICES

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompany the letter with which they are sent.

To Our Readers—The Detroit Medical Journal publishes descriptions of such aids to the profession as it knows to be reliable and trustworthy. We shall be pleased to furnish information as to the articles mentioned, or the articles themselves, upon receipt of an inquiry.

Invalid Elevator.

This machine seems the most practical and useful article of the sort on the market. Some such apparatus is necessary for the safe handling of heavy patients who are unable to move themselves. By means of this crane, a nurse can handle a patient without assistance and with much more safety and comfort than in any other way. The machine can be bought or rented.

Expanding Douche Point.

This new douche point is intended for household use, but is entirely fitted for a surgical instrument. It can be taken apart for sterilizing and cleaning and is entirely of metal. The mechanical scheme is very simple, yet it is the most perfect arrangement for a cleansing douche with which we are acquainted. A moment's consideration of the anatomical formation will suffice to convince one that the ordinary small rubber douche point must be a very imperfect cleansing agent, as well as itself often a bearer of infection. Price, $5.00.

BOOK REVIEWS

Drink Restriction. By Von Noorden and Salomon. E. B. Treat & Co. 86 pp. $.75.

This is translated from one of the six monographs by Von Noorden, upon the "Pathology and Therapy of Disorders of Metabolism and Nutrition." The literture is reviewed and the investigations of other men carefully criticized; then there follows the description of the authors' own experiments on human subjects. The monograph represents recent and thorough work, and contains valuable information for the scientific clinician, regarding the restriction of fluids in obesity, chlorosis, cirrhosis, and hemorrhage.

The Historical Relations of Medicine and Surgery to the End of the Sixteenth Century. An address delivered at the St. Louis Congress in 1904. By T. Clifford Allbutt, M. A., M. D., Hon, M. D. (Dublin), Hon LL. D. (Glasgow), Hon. D. Sc. (Oxf. and Vict.), F. R. C. P., F. R. S., F. L. S., F. S. A., Regius Professor of Physics in the University of Cambridge, etc. London: Macmillan & Co., Limited; New York: The Macmillan Co. 1905.

This small volume is admirable in several particulars. The subject matter —at once of great interest and considerable difficulty—is carefully treated by one of our most erudite medical writers; his treatment of the subject would always be of interest. In addition the book is written in charming English and would be pleasant reading were it of no historical value. The combination of charm and permanent value renders the volume of unusual worth.

A Systematic Treatise on Materia Medica and Therapeutics with Reference to the Most Direct Action of Drugs. By Finley Ellingwood, M. D. Professor of Materia Medica in Bennett College, Chicago, Editor of Chicago Medical Times, etc. With a condensed consideration of Pharmacy and Pharmacognosy by Prof. Uri Lloyd, of Cincinnati. Fifth edition, revised and enlarged. Chicago Medical Times Publishing Co. 1905.

This new edition of the chief reference volume of the Eclectic medical school of the United States, commands a good deal of interest. It contains many details about the application of drugs to particular symptoms which are not found in therapeutic treatises of the regular school. Consideration is largely given to the group of indigenous botanic remedies of which the regular profession undoubtedly knows too little, and there is much of value to be added to our therapeutic resources from the labors of our eclectic brethren.

The volume is, to our mind, by no means a satisfactory text on the subject of materia medica and therapeutics, but a perusal of many of its chapters by those familiar with modern pharmacology will prove both interesting and suggestive.

The Diagnosis of Diseases of Women. A treatise for students and practitioners. By Palmer Findley, B. S., M. D. Second edition, revised and enlarged. 6½x 9½ in.; 588 pages; 222 engravings and 59 colored plates. Philadelphia and New York: Lea Brothers & Co., 1905.

It is a rather remarkable fact that among the multiplicity of English text books, there is but one treating exclusively of gynecologic diagnosis. It is a subject in which the young graduate is, as a rule, but indifferently trained, for the great majority of students have but limited opportunities in special clinics. This work of Findley's, of which the second edition has just appeared, is therefore most important and will continue to be appreciated not only by students but by more experienced men as well.

About one-fourth of the volume is given up to the general methods of diagnosis and the remainder to special subjects, beginning with pregnancy and covering the morbid conditions of the various organs in a thorough and systematic manner. Part III. deals with the diagnosis of the diseases of the urinary organs, cystoscopy being well discussed.

A somewhat more thorough section on the differentiation of appendicitis and pelvic inflammatory conditions would, in our opinion, add to the value of the book, as would also a section on the diagnosis of rectal troubles.

The author emphasizes throughout the vast importance of pathology and the necessity of making a knowledge of both micro- and macroscopic lesions the foundation of all clinical work. This emphasis alone makes the work a valuable one

and one which can be safely recommended to every student, practitioner and specialist.

The printer has done his work well. The illustrations are well chosen and of excellent quality. B. R. S.

The Pharmacopoeia of the United States of America. Eighth decennial revision official from Sept. 1-1905. P. Blakiston's Son & Co., Agents, Philadelphia.

The new pharmacopoeia is ready for distribution and will become official on September first. The chairman of the Committee of Revision, Mr. Joseph P. Remington, calls particular attention to the changes made in three important officinal tinctures. The strength of Tincture of Aconite has been reduced from 35 per cent. to 10 per cent.; Tincture of Veratum from 40 per cent. to 10 per cent.; Tincture of Strophanthus is incerased from 5 per cent. to 10 per cent. These changes are made in accordance with standards adopted by the International Conference on Potent Remedies held at Brussels in 1902, the object being to make these drugs uniform in strength throughout the world.

There have been 121 articles added to the pharmacoepia, including many long familiar names such as guaiacol, aromatic fluid extract of rhamni purshianae, cocaine, codeine phosphate and sulphate, bismuth subgallate, water, antipyrin, magnesium sulphate effervescent, talcum and many more who seem greatly belated in receiving official recognition. 153 articles heretofore officinal are omitted in the revision, also including familiar titles such as massa copaiba, spirits of lemon, oil of bergamot. Acidum carbolicum is now phenol; salol is now phenylis salicylas; spiritus glonoini is spiritus glycerylis nitratis. One very sensible change affects all the fluid extracts. Instead of extractum aconiti fluidum, one now writes fluidextractum aconiti. The official English titles are of course changed to correspond. Now instead of saying arseneous acid, one must call for arsenic troixide; chromic acid is chromium trioxide; resin is now rosin, and salol is, in English, phenyl salicylate. Examples might be multiplied. Mention should also be made of the standardizing of 52 preparations for which no definite strength had heretofore been assigned.

Enough has been said to show that the changes are many and important. The revision has been no form merely, but has produced very marked changes in a good direction in our pharmacy. The changes in strength in several drugs will make necessary a change in dosage, and this fact should be kept in mind in prescribing after September first. The principal changes have been noted above, but there are many others in drugs less widely usd.

RECEIVED:

(Grateful acknowledgement of the receipt of the following is hereby made. Further notice in our review column may be given).

Preliminary Report of a Case of Lichen Scrfulosorum. By N. E. Aronstam, M. D. Detroit. Reprint."

Albumin in the Urine of Apparently Healthy Children. By Wm. A. Edwards, M. D., Los Angeles, Cal. Reprint.

Text-book of Physiology. By Winfield S. Hall, M. D. Professor of Physiology in Northwestern University Medical School, Chicago. Second edition, 1905. Lea Bros. & Company.

Changes in the Pharmacopoeia of the United States. Eighth Decennial Revision. By Reid Hunt and Murray Galt Motter. Bulletin No. 23: Hygienic Laboratory, Public Health and Marine Hospital Service of the United States, Washington, 1905.

Michael MacDonagh's readable article, "The Spoils of Office," in The Living Age for July 29, groups facts relating to the emoluments and expenses of office-holding in Great Britain along with interesting reminiscences of public men, in the writer's usual piquant style.

"Handbook of Anatomy." Being a complete Compend of Anatomy, Including the Anatomy of the Viscera and Numerous Tables, by James K. Young, M. D. Professor of Orthopaedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopaedic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthepaedic Surgery, University of Pennsylvania. Second edition, revised and enlarged. With 171 engravings, some in colors, 404 pages. $1.50 net. F. A. Davis Company, Philadelphia.

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The superior stability of Adnephrin Solution is not its only advantage. It is absolutely sterile, uniform in strength (1-to-1000), free from excessive acidity, and is proved by careful physiologic test at least equally as active as the very best of competing preperations.

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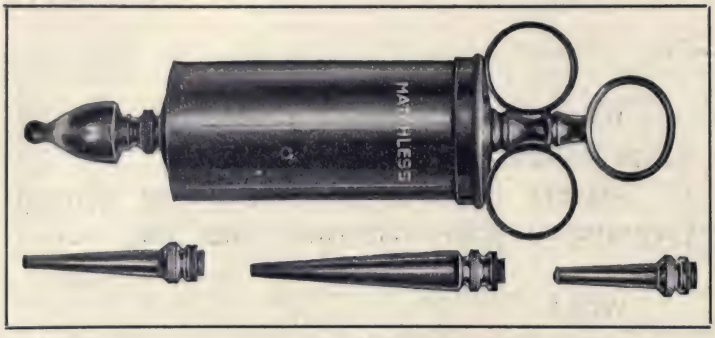

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Some Neglected Symptoms of Non-Surgical Gynecology.

By John A. Hale, M. D.,
Alto Pass. Ill.

From the Medical Herald, of St. Joseph, Mo.

It is but a lack of inquisitiveness on the part of the general practitioner that has brought about a condition of things in gynecological practice that warrants the assertion so often reiterated in current surgical literature that "Modern gynecology belongs, practically, to the field of operative surgery."

The successful physician, with a characteristic personality of inquisitiveness, can boldly refute such assertions and substantiate his refutation by the thankfulness of a happy clientele of womankind released from a thraldom of suffering by his inquisitiveness.

Diseases of the female organs of generation are more common than any but a physician can suppose, and surgical gynecology has become a necessity from an early neglect of backaches, spineaches and headaches, followed by irregular, scanty, painful, delayed or suppressed menstruation during girlhood. The inquisitive physician rushes not into instrumental interference, nor sends such patients to certain specialists for officious mutilation, but first a volley of seek-farther questions at the patient which elicit the information that such patient passed her days of approaching puberty in an over-crowded public school, or, worse, in a jail-like boarding school for young ladies, adding fuel to the fire of antagonism between brain and indigestible foods, the body growth lags behind, leaving the imprint of the unequal struggle on the reproductive organs.

With poorly established sexual functions and a perfect disregard for menstrual week, the undeveloped woman leaves school to plunge into a vortex of social dissipation, followed later by an assumption of wifely duties and responsibilities toward a husband who has seen only her bewitching face and not her frail body.

Is it hard to fathom the reason why so many such wives at first tolerate marriage obligations and later resent and loath them when the poor, broken-down sexual system refuses longer to continue functions for which it was made, but carelessly unfitted?

Is not such a condition a cause for dread of maternity on the part of the woman which often leads to criminal abortion, with all its attendant sequences?

To the inquisitiveness of the successful physician must be added a power of positiveness, wherein he may teach both the husband and wife something they should know before their carelessness brings about these later conditions which require the necessity of mutilation.

The woman suffering from continued nervousness, weariness, wakefulness, headache and backache needs the services of a physician, and not a surgeon. Likewise such symptoms as scanty, painful, delayed and suppressed menstruation shou'd be under the care of a physician and not an over-zealous surgeon. Prolapsus, leucorrhea, ulcerations, chronic inflammations, congestions and enlargements are purely the outcome of neglect of just such symptoms as named. The first-named symptoms are but the assertions of Nature that she is tired of the unequal load, and if not relieved she will resist no longer, come what will.

A judicious investigation of seemingly insignificant details and close application to the technique of examination in the early stages of such cases will reveal constipation, congested mucus lining of the vagina, and irritable bladder, with diffuse hyperaemia of all pelvic structure, and loss of organic or respiratory rhythm; that subtle thrill which extends over the whole body synchronous with the beating of the heart and motion of the lungs, plainly perceptible to the trained eye looking upon healthy pelvic viscera. Quick must be the relief of this engorgement, with its pernicious nutrition of the parts and concomitant accumulation of excrementitious matter.

First and foremost in the treatment of this condition comes the remedy of absolute rest to the parts, and then, but no less important, is the removal of improper dress and the re-establishment of abdominal breathing to restore proper circulation in the pelvic viscera. Treatment for the removal of constipation is self-suggestive; rest we can enjoin upon our patient, and abdominal breathing we may advise, but all animal cells, whether single or united in tissues or in organs, consume a certain amount of matter, and those chemical changes by which material brought to the tissues and organs by the blood and transformed into other products through the activity of the living cells which liberation of life energy, must be maintained by a continued inherent thrill or respiratory rythm and a constant supply of chemical products. This same chemical agent must not induct a destructive blood metamorphosis, but supply food for the debilitated vitality. For such action we must seek some combination of the old and well-tried remedies of ergot and apium, with acceptable haemagogues.

The questionable action heretofore exhibited by various preparations of such remedies has been due, as clinically proven, to the component resinous compounds of the apium in the combination. In Ergoapiol (Smith) the active principles of apium have been isolated and with ergot made to form an acceptable and agreeable compound with invigorating haemagogues, proving of unquestionable benefit in such conditions as mentioned in this article.

When the general practitioner awakens to his responsibility, we will have less of these conditions, a continuation of which invariably produces a capillary varicosis, with its train of evils, manifested more frequently by copious and disagreeable discharges called leucorrhea. But even as late as in this last-named condition the physician will learn that Ergoapiol (Smith) judiciously, consistently and determinedly administered, will prevent much needless mutilation by effecting a cure.

Pre-emption of space for case reports on this subject would scarcely be justifiable, when each reader may cluster the facts herein stated around well-known principles and evolve therefrom a rational solution of treatment for diseases involving the female genitalia.

Notice.

Armour & Co. announce their readiness to furnish the Parathyroid substance in powdered form, in one drachm vials, at $1.50 per drachm.

The parathyroid glands are very small, and so hard to get out that the material can be supplied only in very small quantities.

The Parathyroid substance has been suggested in the treatment of paralysis agitans, ex-ophthalmic goitre, etc.

Entero-Colitis and Cholera Infantum.

Antiphlogistine produces results in cholera infantum that can not be obtained in any other way. Pain is reduced, restlessness is soothed and the tossing, moaning patient falls into a quiet, restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about ¼-inch thick and cover with absorbent cotton.

Sun-Pain and Other Pain.

In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body, and diminishing heat production. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system and have but slight action on the brain. We mean by this, that they do not stupefy

nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all neurotic troubles and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhoea, irregularities and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia and Quinine Tablets will be found specially desirable. The antikamnia not only relieves the pain, but presents any disturbance of the nervous system, so frequent when quinine is given alone.

Acute Prostatitis.

Whoever has observed the prompt and gratifying effect of topical application of dry cold in acute prostatitis, the relief secured thereby from painful micturition or ischuria, will not resort to the old-fashioned remedies, as leeches, warm fomentations, Sitbaths, opiates, the more so will he discard these obsolete means since dry cold early applied is known to be the best prophylactic against suppuration. Equally gratifying is topical application of dry heat in case of chronic periostitis for it stimulates circulation, aids elimination of detritus masses and promotes formation of new fibrous tissue to fill up space left by destructive inflammatory process. In the Zerodone we have a contrivance to apply either dry heat or dry cold, for we may have either warm water or ice water circulate through its channels.

A Simple Nasal Douche.

Our attention has been called to a simple, but very effectual nasal douche designed by Dr. H. M. Dunlap. This little device, also the manner of using same, is shown in the accompanying illustration. The douche is so constructed as the fluid is drawn up from the tumbler as shown in the illustration, air is drawn in with the fluid, causing the latter to be broken up into drops and thrown into every part of the nasal passages, producing a sort of percussion effect with just enough force to dislodge the adherent secretions. By using an alkaline solution the mucous membrane is very effectually cleansed and prepared for the application of any desired medicament, either with applicator, sprays or nebulizer. One special advantage of a douche of this kind lies in the fact that it is absolutely impossible to introduce the fluid into the nasal cavities or pharnyx under any pressure, and there is therefore absolutely no danger of injuring the middle ear. It is a particularly desirable device to place in the hands of patients for home treatments. In this way the nasal passages can be kept in an aseptic condition by frequently repeated applications.

Notice.

The suprarenal capsules are known variously as adrenals, adrenal capsules, adrenal glands, suprarenals, suprarenal glands, suprarenal bodies, ephinephris, adnephris, and there are still other names for the active principles of the substance, but the one perfect liquid preparation of this active constituent is called Suprarenalin Solution—a fact worth remembering by pharmacists and physicians.

Treatment of Felons.

Felons are classed as minor surgery and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every 6 or 8 hours, and resolution will as a rule occur without the formation of pus.

If pus has already formed incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube ¼ inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

Menopause.

Preceding and succeeding the final cessation of ovulation and menstruation, physical and psychical disturbances of a more or less serious character are frequently observed. Ergoapiol (Smith) because of its tonic effect upon the female generative system and its splendid antispasmodic influences, is of unsurpassed value in the treatment of the various disturbances incident to this period.

Intestinal Disorders Due to Lack of Normal Intestinal Alkalines.

At this period of the year we are called upon to consider carefully the application of therapeutic measures to be adopted in the treatment of diseases of the gastro-intestinal tract. Conditions met in these cases have a marked degree of similarity, due primarily to a faulty or altered secretion of intestinal juices, broken down mucous membrane, together with fluids of intensely acid reaction loaded with pathogenic bacteria. The logical treatment indicated would call for a prompt removal of the source of infection and the restoration of normal secretion.

A prominent practitioner in the south, whose wide experience justifies authority, recently embodied in a paper the following statement: "In diseases of the intestinal tract in children or adults, whatever the diagnosis may be, we always trace the origin of the trouble to a Want of Alkalines to correct an excess of acidity during the digestive process." This is of deep interest to us, as it gives the key to the market results following the administration of the alkaline antiseptic, Glyco-Thymoline, which not only corrects existing hyperacidity with its concomitant symptoms, but causes by its exosmotic property a rapid depletion of the engorged membrane and a stimulation of the glandular system to normality, whereby the proper amount of alkaline fluids will be secreted. Therefore, it is well to remember that Glyco-Thymoline not only corrects the effects of disease, but aims to re-establish those processes of digestion and assimilation which are wanting.

In severe cases of Cholera Infantum, Dysentery, Ileo-Colitis, etc., the solution should be administered as a colon flush, using a 10 per cent solution of about 100 per cent F. This treatment, combined with 1 to 2 grain doses per dram serves to rapidly eliminate all toxins, promote an asceptic condition of the bowel and to encourage what is most needed—the secretion of normal alkalines.

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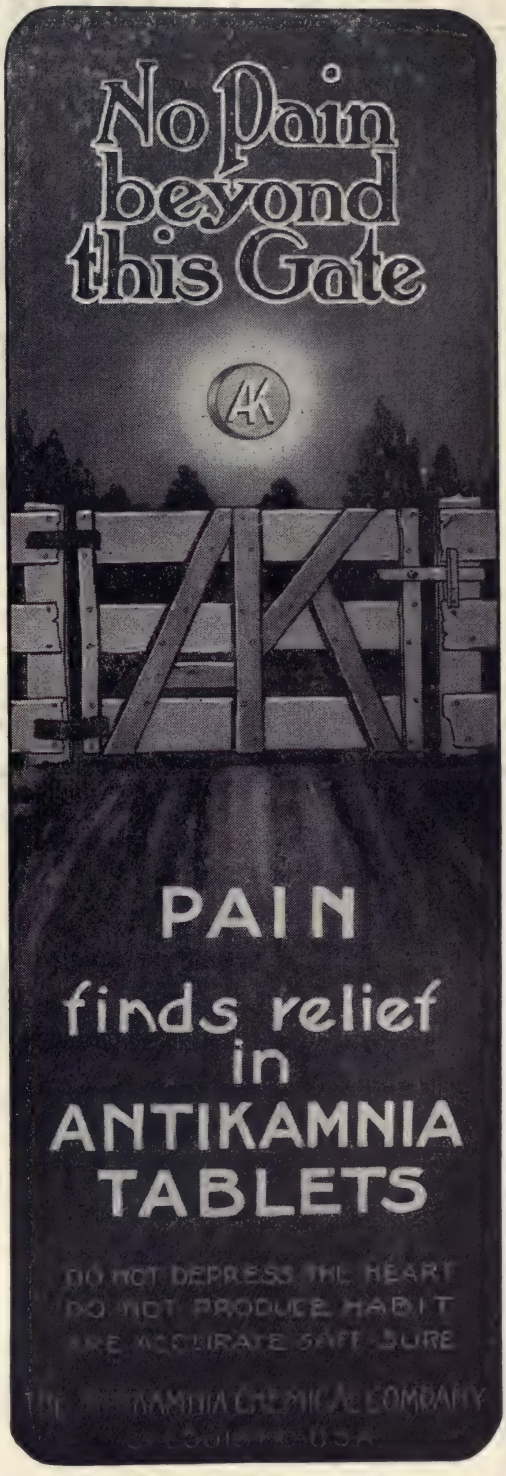

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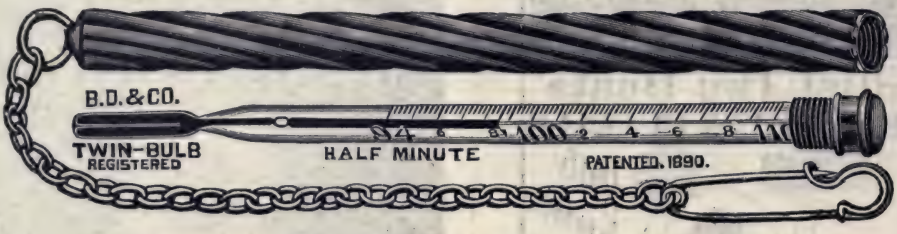

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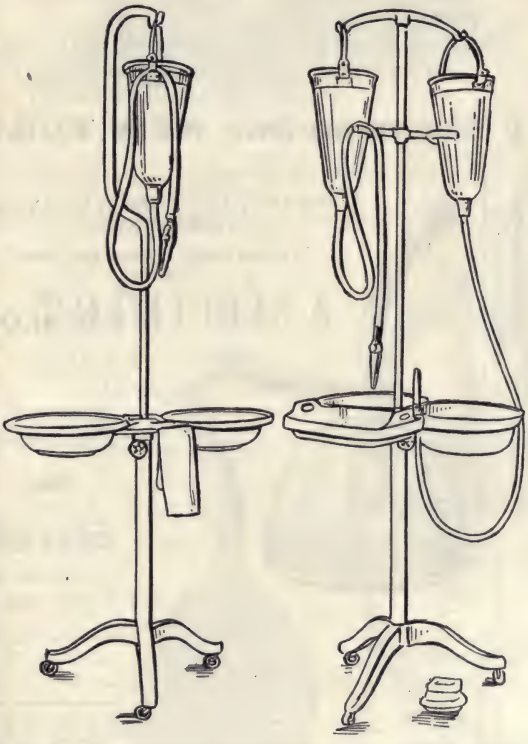

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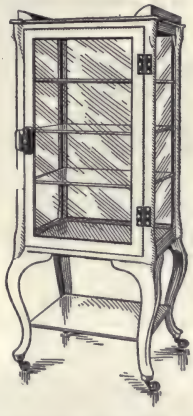

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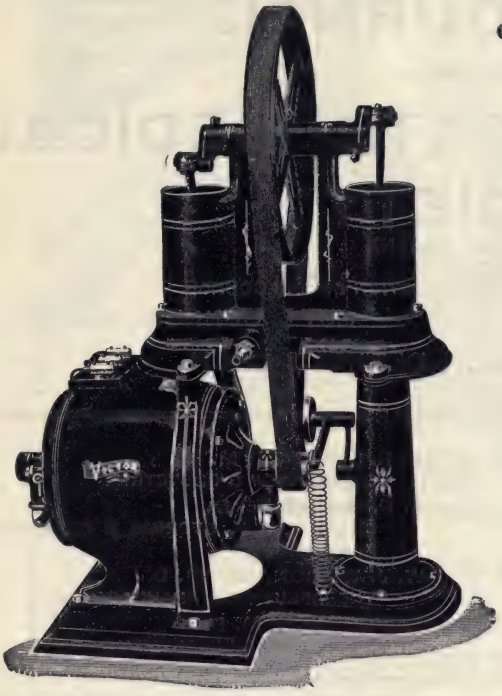

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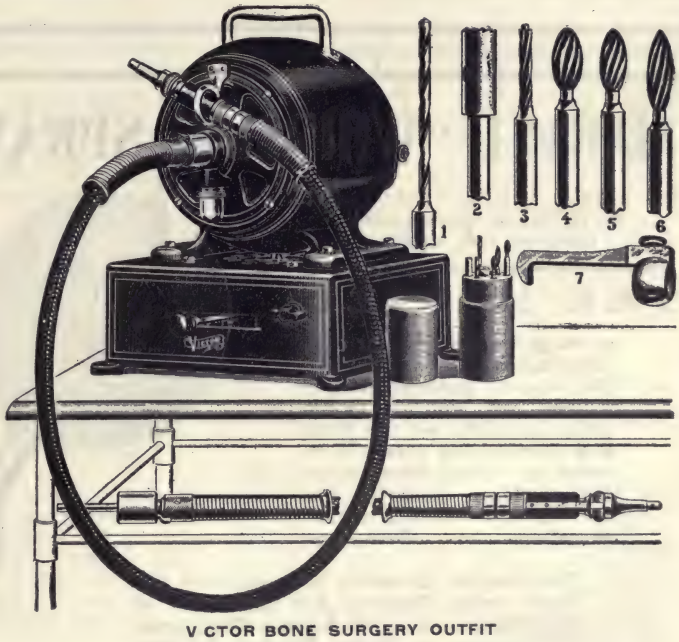

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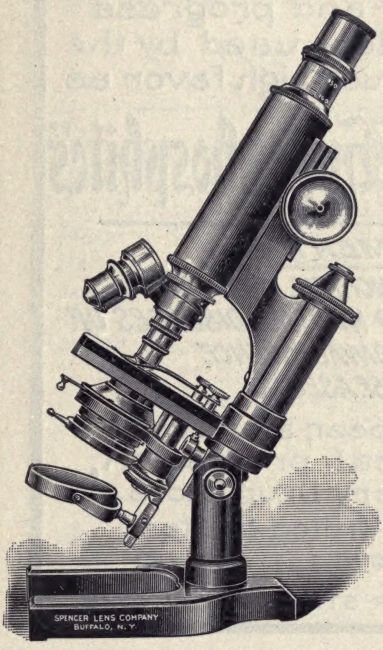

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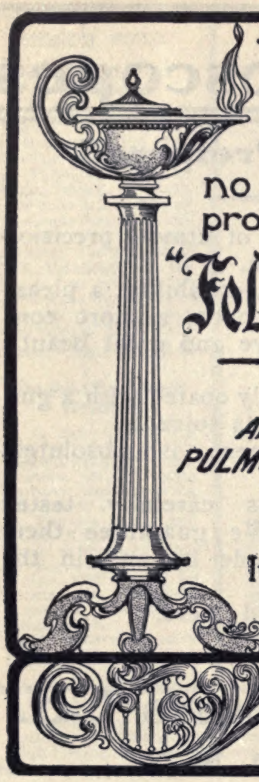

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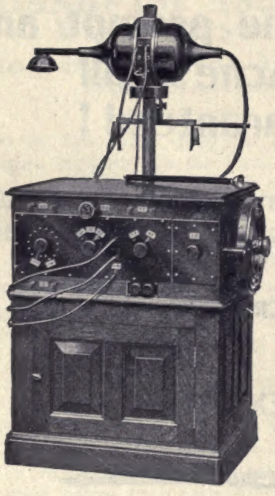

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